## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400002679 (6)

IRENE E. JACOBS, P.A.

STREET ADDRESS

appears in Block 12 or 970

Principal Place of Business Mailing Address 3715 ESTEPONA AVE 3715 ESTEPONA AVE MIAMI FL 33178-2363 **MIAMI FL 33178** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1994 03/08/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65-0463337 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACOBS, IRENE E 3715 ESTEPONA AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** 83 84 City Zip Code 85 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgeature, typed or per bio can e of nigestered agont and title 1 approcable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 STATLE JACOBS, IRENE E 12 NAME NAME 3715 ESTEPONA AVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** 14 OTY-ST-ZIP CITY - ST - ZIP DELETE Addition 21 TITLE ☐ Change TITLE JACOBS, HAROLD 22 NAME NAME 3715 ESTEPONA AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33178 2 4 CITY-ST-ZIP CITY - ST - ZIE DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY -ST - Z= DELETE 41 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CitY-S7-ZiP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME

SIGNATURE: SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-16-97 (305)591-7419

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.3 STREET ADDRESS

64 CITY-ST-ZIP

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name