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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90123 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012460

1. Corporation Name
BLACK JACK ROAD SERVICE, INC.

Principal Place of Business
7700 NW 27TH AVE.
MIAMI FL 33147

Mailing Address
7700 NW 27TH AVE.
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1994

4. FEI Number
65-0467554
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 2430 NW 79 ST

2a. Mailing Address
26 2430 NW 79 ST

Suite, Apt. #, etc.
22 (MIAMI)

Suite, Apt. #, etc.
27 MIAMI

City & State
23 FL

City & State
28 FL

Zip
24 33147

Zip
29 33147

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELEZ, MIGUEL
13075 NW 27 AVE.
MIAMI FL 33167

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for officers and directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first row is filled with PSTD VELEZ, MIGUEL, 13075 NW 27 AVE, MIAMI FL 33167. Other rows are empty with a 'DELETE' checkbox.

Table with 6 rows for additions/changes. Each row includes Title, Name, Street Address, and City-ST-ZIP. All rows are empty with 'Change' and 'Addition' checkboxes.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/13/98 Daytime Phone #

CR2E034 (11/98)