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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036467 (6)

1. Corporation Name
J & S URIBE, INC.



Principal Place of Business
427 S. NOVA RD.
ORMOND BEACH FL 32174
US

Mailing Address
427 S. NOVA RD
ORMOND BEACH FL 32174-8449
US

3. Date Incorporated or Qualified
05/09/1994
3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 725 S. NOVA RD.
Suite, Apt. #, etc.
22
City & State
23 ORMOND BEACH, FL
Zip
24 32174
Country
25 USA
2a. Mailing Address
26 725 S. NOVA RD
Suite, Apt. #, etc.
27
City & State
28 ORMOND BEACH, FL
Zip
29 32174
Country
30 USA

4. FEI Number
59-3243780
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
URIBE, JOHN
427 S. NOVA RD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name
John Uribe
82 Street Address (P.O. Box Number is Not Acceptable)
725 S. NOVA RD.
83
84 City
ORMOND BEACH FL 85 Zip Code
32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *[Signature]* John Uribe 4-9-97
Signature, typed or printed name of registered agent and date if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME PT
STREET ADDRESS URIBE, JOHN
CITY-ST-ZIP 427 S. NOVA RD.
ORMOND BEACH FL
TITLE ☐ DELETE
NAME VPS
STREET ADDRESS URIBE, S.M.
CITY-ST-ZIP 427 S. NOVA RD.
ORMOND BEACH FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME John Uribe
1.3 STREET ADDRESS 725 S. NOVA RD
1.4 CITY-ST-ZIP ORMOND Bch FL 32174
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VPS
2.3 STREET ADDRESS S.M. URIBE
2.4 CITY-ST-ZIP 725 S. NOVA RD
ORMOND Bch, FL 32174
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *S.M. Uribe, V.P.* S.M. Uribe 4/9/97 (904)676-8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)