

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

FILED
May 12 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 # P94000044623 (4)

1. Corporation Name
J & M LOCKSMITH & SUPPLIES, INC.



Principal Place of Business
12401 WEST OKEECHOBEE ROAD
UNIT 374
HIALEAH GARDENS FL 33016

Mailing Address
12401 WEST OKEECHOBEE ROAD
UNIT 374
HIALEAH GARDENS FL 33016-2925

2. Principal Place of Business
21 2901 WEST 16 AVE

2a. Mailing Address
26 P.O. BOX 126055

Suite, Apt. #, etc.
22 LOT # 28

Suite, Apt. #, etc.

City & State
23 Hialeah FL

City & State
28 Hialeah FL

Zip
24 33012

Country

Zip
29 33012

Country

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
08/12/1996

4. FEI Number
65-0498253

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

10. Name and Address of New Registered Agent

GUZMAN, JULIO C.
12401 W. OKEECHOBEE RD. #374
HIALEAH GARDENS FL 33016

81 Name Guzman, Julio C.
82 Street Address (P.O. Box Number is Not Acceptable)
2901 WEST 16 AVE
83 Lot # 28
84 City Hialeah FL 85 Zip Code 33012

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GUZMAN, JULIO C
STREET ADDRESS 12401 WEST OKEECHOBEE ROAD, UNIT 374
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME GUZMAN, JULIO C
1.3 STREET ADDRESS 2901 W 16 AVE
1.4 CITY-ST-ZIP Hialeah FL 33012

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Julio C. Guzman*

4/24/97 (305) 824-8767

CR2E034 (9/96)