FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000056294 (9)

1. Corporation Name

J & P PROFESSIONAL CONSULTANTS INC.

Principal Place of Business

[redacted]

Mailing Address

[redacted]

3. Date Incorporated or Qualified	07/29/1994
3a. Date of Last Report	04/27/1995
4. FEI Number	65-0512274 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10235 S.W. 154 PL #106	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 MIAMI, FL.	City & State 28
Zip 24 33196 / Country 25 DADE	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JIMENEZ, GABRIEL J
[redacted]

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10235 S.W. 154 pl. # 106
83
84 City MIAMI FL 85 Zip Code 33196

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]
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	PD	☐ DELETE
NAME	JIMENEZ, GABRIEL J	
STREET ADDRESS	10235 S.W. 154TH PL. UNIT 106	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VD	☑ DELETE
NAME	~~PEREZ, JOSE D~~	
STREET ADDRESS	~~15075 S.W. 40TH LANE UNIT E~~	
CITY-ST-ZIP	[redacted]	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	KARLA J. JIMENEZ	
4.3 STREET ADDRESS	10235 SW 154 PL. # 106	
4.4 CITY-ST-ZIP	MIAMI, FL. 33196	
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		

000001841620
-05/28/96--01068--021
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/1/96

CR2E034 (12/95)