

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.**  
**AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$4000)**

**CORPORATION  
ANNUAL REPORT**

**1995**



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY 15 AM 11:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000063634**

JDC, INC.  
 2750 WEST 68 STREET  
 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1994** 3a. Date of Last Report

(If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2)

FILING FEE **\$225.00** Annual Report \$61.25 • \$138.75 Corporation Supplemental Fee • \$25.00 Late Fee  
**MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

4. FEI Number **65-0560967** Applied For ☐ Not Applicable ☐

2. Mailing Address 2a. Principal Place of Business  
 21 **8758 SW 8th. STREET** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **MIAMI, FLORIDA** 27  
 City & State City & State  
 23 **33174** 28 **U.S.A.** 29  
 Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$138.75 Supplemental Fee Not Required**  
 8. This corporation has liability for interstate 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

RODRIGUEZ, JUAN  
 7430 MIAMI LAKES DRIVE #E-310  
 MIAMI LAKES, FL 33014

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 607.1506 or Sections 617.0502 and 617.1506, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **MAY 12th., 1995**

| 12. OFFICERS AND DIRECTORS |                               |                   |  | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|-------------------------------|-------------------|--|---------------------------------------------|--|--|--|
| 11 TITLE                   | D/P                           | 11 TITLE          |  | 11 TITLE                                    |  |  |  |
| 12 NAME                    | RODRIGUEZ, JUAN               | 12 NAME           |  | 12 NAME                                     |  |  |  |
| 13 STREET ADDRESS          | 7430 MIAMI LAKES DRIVE #E-310 | 13 STREET ADDRESS |  | 13 STREET ADDRESS                           |  |  |  |
| 14 CITY- ST- ZIP           | MIAMI LAKES, FL 33014         | 14 CITY- ST- ZIP  |  | 14 CITY- ST- ZIP                            |  |  |  |
| 21 TITLE                   | D/S                           | 21 TITLE          |  | 21 TITLE                                    |  |  |  |
| 22 NAME                    | RODRIGUEZ, CINDY              | 22 NAME           |  | 22 NAME                                     |  |  |  |
| 23 STREET ADDRESS          | 13961 SW 112 STREET           | 23 STREET ADDRESS |  | 23 STREET ADDRESS                           |  |  |  |
| 24 CITY- ST- ZIP           | MIAMI, FL 33186               | 24 CITY- ST- ZIP  |  | 24 CITY- ST- ZIP                            |  |  |  |
| 31 TITLE                   |                               | 31 TITLE          |  | 31 TITLE                                    |  |  |  |
| 32 NAME                    |                               | 32 NAME           |  | 32 NAME                                     |  |  |  |
| 33 STREET ADDRESS          |                               | 33 STREET ADDRESS |  | 33 STREET ADDRESS                           |  |  |  |
| 34 CITY- ST- ZIP           |                               | 34 CITY- ST- ZIP  |  | 34 CITY- ST- ZIP                            |  |  |  |
| 41 TITLE                   |                               | 41 TITLE          |  | 41 TITLE                                    |  |  |  |
| 42 NAME                    |                               | 42 NAME           |  | 42 NAME                                     |  |  |  |
| 43 STREET ADDRESS          |                               | 43 STREET ADDRESS |  | 43 STREET ADDRESS                           |  |  |  |
| 44 CITY- ST- ZIP           |                               | 44 CITY- ST- ZIP  |  | 44 CITY- ST- ZIP                            |  |  |  |
| 51 TITLE                   |                               | 51 TITLE          |  | 51 TITLE                                    |  |  |  |
| 52 NAME                    |                               | 52 NAME           |  | 52 NAME                                     |  |  |  |
| 53 STREET ADDRESS          |                               | 53 STREET ADDRESS |  | 53 STREET ADDRESS                           |  |  |  |
| 54 CITY- ST- ZIP           |                               | 54 CITY- ST- ZIP  |  | 54 CITY- ST- ZIP                            |  |  |  |
| 61 TITLE                   |                               | 61 TITLE          |  | 61 TITLE                                    |  |  |  |
| 62 NAME                    |                               | 62 NAME           |  | 62 NAME                                     |  |  |  |
| 63 STREET ADDRESS          |                               | 63 STREET ADDRESS |  | 63 STREET ADDRESS                           |  |  |  |
| 64 CITY- ST- ZIP           |                               | 64 CITY- ST- ZIP  |  | 64 CITY- ST- ZIP                            |  |  |  |

**900001490479**  
**-05/17/95--01038--017**  
**\*\*\*\*\*225.00 \*\*\*\*\*225.00**

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or a change, or on an attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

May 12th., 1995 (305) 824-0619  
 Date Daytime Phone