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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400066108 (9)

JUSYL, INC.

Principal Place of Business Mailing Address 5251 SW 7TH STREET 5251 SW 7TH STREET MIAMI FL 33134-1171 MIAMI FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1994 03/22/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 65-0535863 26 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARRIOS, JULIO 5251 SW 7TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83 Zip Code 85 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, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPT TITLE DELETE 1.1 TITLE Change \_\_\_ Addition RODRIGUEZ, SILVIA NAME 1.2 NAME 1249 SW 19TH TER STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33145 C(TY - ST - ZIP 1.4 City-St-Zip DVS TITLE DELETE 2.1 TITLE Change Addition BARRIOS, JULIO NAME 2.2 NAME 1249 SW 19TH TER STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33145 CITY - ST - 7IP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - 7(P 3.4 CITY-ST-ZIP DELETE TILLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY - ST - ZIP 5.4 CITY - ST- ZIP

SIGNATURE:

appears in Block 12 or Block

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIF

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6.1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

**63 STREET ADDRESS** 

64 CITY-ST-ZIP

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 path; 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

77 305-461-1931

Change

Addition

**FILED** 

Apr 23 1997 8:00am

Secretary of State