

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 # P94000091880 (2)

1. Corporation Name

JTL, INC.

Principal Place of Business

435 E 7TH ST  
HIALEAH FL 33010

Mailing Address

435 E 7TH ST  
HIALEAH FL 33010



3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7775 W. 34th LN

26 7775 W. 34th LN

4. FEI Number

65-0543447

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

HIALEAH, FL

HIALEAH, FL

24 Zip

25 Country

29 Zip

30 Country

33016

DADE

33016

DADE

9. Name and Address of Current Registered Agent

LAMAS, ANGEL JR  
435 E 7TH ST  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

JACQUELINE LAMAS

82 Street Address (P.O. Box Number is Not Acceptable)

7775 W. 34TH LANE

83

HIALEAH, FL 33014

84

City

FL

85 Zip Code

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, to 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

J. Lamas

JACQUELINE LAMAS

X 3-4-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME HIDALGO, JACQUELINE

STREET ADDRESS 435 E 7TH ST  
CITY- ST- ZIP HIALEAH FL 33010

1.2 TITLE ☐ DELETE

NAME LAMAS, ANGEL JR

STREET ADDRESS 435 E 7TH ST  
CITY- ST- ZIP HIALEAH FL 33010

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME LAMAS, JACQUELINE

STREET ADDRESS 7775 W. 34th LN  
CITY- ST- ZIP HIALEAH FL 33016

2.1 TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 7680 N.W. 179th TR  
CITY- ST- ZIP MIAMI LAKES, FL 33015

2.2 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

2.3 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

2.4 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

2.5 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

2.6 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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:

J. Lamas

JACQUELINE LAMAS

X 3-4-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)