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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 15 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT # P95000007181** 

JUAN E. GONZALEZ, INC.

appears in Block 12 or BJ

SIGNATURE:

Principal Place of Business Mailing Address 470 WEST 36TH PLACE 470 WEST 38TH PLACE HIALEAH FL 33012 HIALEAH FL 33012-4228 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1995 04/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 26 Not Applicable Suite: Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 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 GONZALEZ, JUAN E 470 WEST 38TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 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, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam 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) OFFICERS AND DIRECTORS 12 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)THEF DELETE Change Addition 1.1 TITLE GONZALEZ, JUAN E NAME 1.2 NAME 470 WEST 38TH PLACE STREET ADORESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-Z0 1.4 CITY - ST - ZIP HILL DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STEEF LADORESS 2.3 STREET ADDRESS OTY-ST ZIE 2. 4 CITY - ST - ZiP DELETE TIT: E 3.1 TITLE Change \_\_\_ Addition NAM 3.2 NAME STEEL LADORESS 3.3 STREET ADDRESS COTY - ST- ZIP 3.4. CITY-ST-ZIP 11/11 ■ DELETE 4.1 TITLE Change Addition MASSIE **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS Call 1 - S\* - 219 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 11 LE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CHY-ST-74P 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change ☐ Addition NAMI 62 NAME STREET ADDRESS **63 STREET ADDRESS** 64 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name