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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032768 (0)

1. Corporation Name

J.A.B. AND ASSOCIATES, INC.



Principal Place of Business

2150 N.W. 9TH STREET
MIAMI FL 33125

Mailing Address

2150 N.W. 9TH STREET
MIAMI FL 33125

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

21 7175 S.W. 8TH ST.

2a. Mailing Address

26 7175 S.W. 8TH STREET

4. FEI Number

EIN 65-0587736

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 212

27 SUITE # 212

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33144

25 U.S.A.

29 33144

30 U.S.A.

8. This corporation has liability for intangible 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

BELLIDO, JORGE A
2150 N.W. 9TH ST.
MIAMI FL 33125

81 Name JORGE A. BELLIDO

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

7205 MIAMI LAKES DR. APT. B-7

83

84 City MIAMI

FL

85 Zip Code 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BELLIDO, JORGE A
STREET ADDRESS 2150 N.W. 9TH ST.
CITY-ST-ZIP MIAMI FL 33125

TITLE VD ☐ DELETE

NAME RODRIGUEZ, RICARDO P
STREET ADDRESS 2150 N.W. 9TH ST.
CITY-ST-ZIP MIAMI FL 33125

TITLE SD ☐ DELETE

NAME BELLIDO, LOURDES G
STREET ADDRESS 2150 N.W. 9TH ST.
CITY-ST-ZIP MIAMI FL 33125

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 7205 MIAMI LAKES DR. APT. B-7
1.4 CITY-ST-ZIP MIAMI, FLORIDA

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 7205 MIAMI LAKES DR. APT. B-7
3.4 CITY-ST-ZIP MIAMI, FLORIDA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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:

JORGE A. BELLIDO

4/28/96

(305)266-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)