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FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033423 (1)**

1. Corporation Name

**JCA CONTRACTORS INC.**

Principal Place of Business

**1345 BIA RITZ DRIVE  
MIAMI FL 33141**

Mailing Address

**1345 BIA RITZ DRIVE  
MIAMI FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1995**

4. FEI Number

**65-0575625**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 1345 Biarritz Drive**

Suite, Apt. #, etc.

City & State

**23 Miami Beach Fla**

Zip

**24 33141**

Country

2a. Mailing Address

**26 1345 Biarritz Drive**

Suite, Apt. #, etc.

City & State

**28 Miami Beach, Fla**

Zip

**29 33141**

Country

9. Name and Address of Current Registered Agent

**JULIO AREVALO  
1345 BIA RITZ DRIVE  
MIAMI FL 33141**

10. Name and Address of New Registered Agent

81 Name

**JULIO AREVALO**

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

**83 1345 Biarritz Drive**

84 City

**85 Miami Beach FL**

86 Zip Code

**87 33141**

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 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

**JULIO AREVALO**

**2/8/98**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME AREVALO, JULIO C  
STREET ADDRESS 1345 BIA RITZ DRIVE  
CITY-ST-ZIP MIAMI FL 33141**

TITLE ☐ DELETE

**S  
NAME AREVALO, LUZ  
STREET ADDRESS 1345 BIA RITZ DRIVE  
CITY-ST-ZIP MIAMI FL 33141**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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

**D P T  
1.2 NAME Julio C. AREVALO  
1.3 STREET ADDRESS 1345 Biarritz Dr  
1.4 CITY-ST-ZIP Miami Beach, FL 33141**

2.1 TITLE ☒ Change ☐ Addition

**D Y P S  
2.2 NAME Luz Arevalo  
2.3 STREET ADDRESS 1345 Biarritz Dr  
2.4 CITY-ST-ZIP Miami Beach, FL 33141**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

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 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; that I am a 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 as an attachment with an address.

SIGNATURE: **X**

**JULIO AREVALO**

**2/8/98 130581-4219**

CR2E034 (10/97)