

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 # P95000038507 (6)

1. Corporation Name
JUAN CARLOS, INC.

Principal Place of Business

2105 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134
US

Mailing Address

2105 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134-5211
US

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
04/01/1996

4. FEI Number
65-0584835

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIVERO, LUIS J ESQ.
299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 760002294097-9
-09/16/97-01027-004
84 City ***165.00 FL ***165.00

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TEJERA, JUAN CARLOS
STREET ADDRESS 2711 SOUTH WEST 17TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE D
NAME TEJERA, NERY M
STREET ADDRESS 2711 SOUTH WEST 17TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME TEJERA JUAN CARLOS
1.3 STREET ADDRESS 2711 S.W 17 AVE
1.4 CITY-ST-ZIP COCONUT GROVE. FL. 33133 ☐ Change ☒ Addition

2.1 TITLE V/T
2.2 NAME TEJERA NERY MARIA
2.3 STREET ADDRESS 2711 S.W 17 AVE
2.4 CITY-ST-ZIP COCONUT GROVE. FL. 33133 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 Nery Maria Tejera 333-97 861-2491

FILED

97 SEP 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)