

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

FILED

Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000043610 (1)**

1. Corporation Name

J.H.S., INC.



Principal Place of Business

**1490 SO. MILITARY TRAIL
SUITE 13-D
WEST PALM BEACH FL 33415**

Mailing Address

**4245 SW 97TH AVE
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

4. FEI Number

65-0590432

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

1490 So. Military Trail.

Suite, Apt. #, etc.

Suite #3

City & State

W. P. Beach FL

Zip

33415

Country

Palm Beach

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

9. Name and Address of Current Registered Agent

**SOTOLONGO, JOSE H
1490 S MILITARY TR, STE 13D
W PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name

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

Suite #3

84 City

FL

85 Zip Code
33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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

2/13/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
SOTOLONGO, JOSE H**
STREET ADDRESS **4245 SW 97TH AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME **STD
SOTOLONGO, ALEIDA P**
STREET ADDRESS **4245 SW 97TH AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME **VD
SOTOLONGO-PLA, JOSE H**
STREET ADDRESS **4245 SW 97TH AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **1490 So. Military Trail Suite #3**
1.4 CITY-ST-ZIP **W. Palm Beach, FL 33415**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1490 So. Military Trail Suite #3**
2.4 CITY-ST-ZIP **W. P. Beach, FL 33415**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1490 So. Military Trail Suite #3**
3.4 CITY-ST-ZIP **W. P. Beach, FL 33415**

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 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:

2/12/98 (561) 964-8600

CR2E034 (10/97)