SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000077192 (9)

J & J ACCOUNTING & TAX SERVICES, INC.

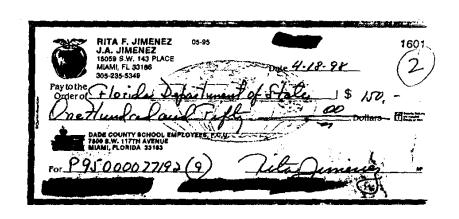
**FILED** Aug 28 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	3 DI 400			
15059 SOUTHWEST 143 PLACE MIAMI FL 33186		15059 SOUTHWEST 14: MIAMI FL 33186	15059 SOUTHWEST 143 PLACE MIAMI FL 33186		Į	
					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified 10/09/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		2a. Mailing Address 26			4. FEI Number 65-0614596	Applied For Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	\$8.75 Additional Fee Required
		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cur	rent Registered Agent		043	10. Name and Address of New Register	ed Agent
JIMENEZ, RITA F.				81 Name		
	059 SW 143 PLACE		ļī	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33186		l h	B3		
						ns Zin Codo
			'	84 City	F	B5 Zip Code
SIGNATURE	Signature, typed or printed name of registered of OFFICERS	AND DIRECTORS	13.		quired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITL	E		Change Addition
NAME	JIMENEZ, RITA F	100	1.2 NAM	E (		
STREET ADDRESS		RCE	1.3 STRE	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	· · · · · · · · · · · · · · · · · · ·		-ST-ZIP		·
TITLE		L DELETE	21111	}		Change Addition
NAME STREET ADDRESS			2.2 NAM	ET ADDRESS		
CITY-ST-ZIP	3		2 4 CITY			
TITLE		DELETE	3.1 TITL			Change Addition
NAME	}	L DELL PE	3.2 NAM	E		L., Fiddighi
STREET ADDRESS	s		3 3 STRE	ET ADDRESS		
CITY-ST-ZIP			3 4 CITY	-S1-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAM	1		
STREET ADDRESS	S			ET ADDRESS		
CITY-ST-ZIP TITLE		[] Decree	4.4 CITY 5.1 TITE	/		<b>7</b>
NAME		L_J DELETE	5.1 ME	- 1		Change Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5 4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		L) DECETE	6.2 NAM		<b>400002629</b> -09/01/9801012-	
STREET ADDRESS	s		6.3 STRE	ET ADDRESS	-03/01/3801012-	_012 )~ \
CITY-ST-7/P			BACITY		***150.00	٠, ٨,

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 Statules. I further certify that the information indicated on this annual report or suppliemental 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.

Other



To Whom 5t May Concern:

On 4-20-94 3 mailed annual report and

clut \$1601 for \$150. (one expire).

Heach you for your experation to their

matter. I can be reached @ (301) 234.6627

from \$:00 to 5:00 pm.

Alta Denieng.