

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000011153 (9)

1. Corporation Name
J.C.C. INTERIORS INC.



Principal Place of Business
15311 N.E. 10 AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address
15311 N.E. 10 AVENUE
NORTH MIAMI BEACH FL 33162-5805

3. Date Incorporated or Qualified 02/05/1996
3a. Date of Last Report

2. Principal Place of Business
21 286 VISTA VERDE RD.
Suite, Apt. #, etc.

2a. Mailing Address
26 286 VISTA VERDE RD
Suite, Apt. #, etc.

4. FEI Number 65-0644833
Applied For Not Applicable

22 City & State
23 DAVIE FL

27 City & State
28 DAVIE FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33325 Country USA
25

29 Zip 33325 Country USA
30

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

9. Name and Address of Current Registered Agent

CARRASCO, JUAN C
15311 N.E. 10 AVENUE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name CARRASCO, JUAN C.
82 Street Address (P.O. Box Number is Not Acceptable) 286 VISTA VERDE RD.
83
84 City DAVIE FL 85 Zip Code 33325

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	<input type="checkbox"/> DELETE
NAME	CARRASCO, JUAN C	
STREET ADDRESS	15311 N.E. 10 AVENUE	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVA, ANA M	
STREET ADDRESS	15311 N.E. 10 AVENUE	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARRASCO, JUAN C	
1.3 STREET ADDRESS	286 VISTA VERDE RD.	
1.4 CITY - ST - ZIP	DAVIE FL 33325	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILVA, ANA M	
2.3 STREET ADDRESS	286 VISTA VERDE RD.	
2.4 CITY - ST - ZIP	DAVIE FL 33325	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 1-13-97 (954) 7230933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)