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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000046984 (6)**

1. Corporation Name
J & A CONSULTING, INC.

Principal Place of Business	Mailing Address
C/O BRUCE JAY TOLAND 800 BRICKELL AVE SUITE 1100 MIAMI FL 33131	C/O BRUCE JAY TOLAND 800 BRICKELL AVE SUITE 1100 MIAMI FL 33131-2944

3. Date Incorporated or Qualified: 05/28/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 801 Bricekll Avenue	26 801 Brickell Ave.
Suite, Apt. #, etc. 22 Suite 1501	Suite, Apt. #, etc. 27 Suite 1501
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA.

4. FEI Number: 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

9. Name and Address of Current Registered Agent

TQLAND, BRUCE J
800 BRICKELL AVE
SUITE 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: BRUCE JAY TOLAND
82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Ave.
83: Suite 1501
84 City: Miami FL 85 Zip Code: 33131

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] DATE: 4/28/97
(Signature, type or print name of person signing, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPARD, JOHN 800 BRICKELL AVE SUITE 1100 MIAMI FL 33131 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D JOHN SHEPARD %Bruce Jay Toland, P.A. 801 Brickell Ave., Suite 1501 Miami, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, ALAN 800 BRICKELL AVE SUITE 1100 MIAMI FL 33131 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ALAN RUBIN %Bruce Jay Toland, P.A. 801 Brickell Ave., Suite 1501 Miami, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002186279 -05/21/97--01032--017 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition CS 5/9/97

CR2E034 (9/96)

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: [signature] 4/28/97 305 381-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #