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FILED
Oct 07 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 # **P96000050445 (1)**

1. Corporation Name
J.R. & G. HOLDINGS GROUP, INC.

Principal Place of Business

**324 S. KROME AVENUE
HOMESTEAD FL 33030**

Mailing Address

**324 S. KROME AVENUE
HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0676349

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

**CAFARO, MICHAEL
100 N.E. 10TH STREET SUITE 100-3
HOMESTEAD FL 33030**

*SAME
ADDRESS
AND
NAME*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Michael Cafaro
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/28/98

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **MIGUEL, JOSE A**
STREET ADDRESS **324 S. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VD** ☐ DELETE

NAME **MIGUEL, JOSE R**
STREET ADDRESS **324 S. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **TD** ☒ DELETE

NAME ~~**CONZALEZ, RAMON**~~
STREET ADDRESS ~~**324 S. KROME AVENUE**~~
CITY-ST-ZIP ~~**HOMESTEAD FL 33030**~~

TITLE **TD** ☐ DELETE

NAME **MIGUEL, ANGELA E.**
STREET ADDRESS **324 S. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL. 33030**

TITLE **TD** ☐ DELETE

NAME **MIGUEL, ANA S.**
STREET ADDRESS **324 S. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL. 33030**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

CR2E034 (10/97)