

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90049 023 ***150.00

DOCUMENT # P96000050445

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 715 W. MOWRY ST.

2a. Mailing Address

26 715 W. MOWRY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Homestead, FL.

City & State

28 Homestead, FL.

Zip

24 33030

Country

Zip

29 33030

Country

30

9. Name and Address of Current Registered Agent

CAFARO, MICHAEL
400 N.E. 15TH STREET, SUITE 100-C
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name

CAFARO, MICHAEL

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

311 NE 8 ST

83

Suite 102

84 City

Homestead

FL

85 Zip Code

33030

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

TITLE SD ☐ DELETE

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

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

715 W. MOWRY ST.
HOMESTEAD, FL. 33030

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

715 W. MOWRY ST.
HOMESTEAD, FL. 33030

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

715 W. MOWRY ST.
HOMESTEAD, FL. 33030

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

715 W. MOWRY ST.
HOMESTEAD, FL. 33030

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT Miguel

3/8/99

(305) 246-0023

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)