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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000068115 (0)

J & B SIGNS & DISPLAYS, INC.

Principal Place of Business	255
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Mailing Address

9001-J NW 97TH TER

## **FILED** May 13 1997 8:00am Secretary of State



MIAMI FL 33178	MI FL 33178 MIAMI FL 33178-1460							
					3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last R	eport	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26	26		65- 0686661	Not Applicable		
Suite, Apl. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in			
24	25	29	30					
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	stered Agent		
	REZ, JOSE		81	Name				
	J NW 97TH TER.		82 Street Addr		ddress (P.O. Box Number is Not Acceptable)			
MIAM	li FL 33178				YMM 1 MA 4 5 : No. 40 - 10 da			
			83	5				
			84	City		FL 85 Zip	Code	
11. Pursuant to office or re- agent. I am	o the provisions of Sections 607 gistered agont, or both, in the S n familiar with, and accept the o	0502 and 607.1508, Florida Statu tate of Florida. Such change was bligations of, Section 607.0505, F	ites, the above authorized be lorida Stalute	/e-named cor by the corpora es.	poration submits this statement for the putilion's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered	
SIGNATURE	lignature, typed or printed manie of registers	d accord and title if soni cable (NC)	11 - Francislator Ac	ord econoline requi	ired when reinstaling)	DATE	**	
12.		AND DIRECTORS	13.	in a Grantie redu	ADDITIONS/CHANGES TO OFFICE		S IN 12	
TITLE	DP	☐ DELETE	11 TITLE			Change	Addition	
NAME	RAMIREZ, JOSE		1.2 NAME					
STREET ADDRESS	9001-J NW 97TH TER.		1.3 STREE	T ADDRESS			[	
CITY-ST-ZIP	MIAMI FL 33178	· · · · · · · · · · · · · · · · · · ·	14 CITY-	ST-ZIP				
TITLE	DV	☐ DELETE	2 1 TATLE			☐ Change	Addition C	
NAME	OTALVARO, BETTY		2 2 NAME					
STREET ADDRESS	9001-J NW 97TH TER. MIAMI FL 33178			I ADDRESS				
CITY-ST-ZIP TITLE	MINIMITE 33110	DELETE	2. 4 CITY- 3.1 TITLE	S1 - 21P		☐ Change	Addition	
NAME		L. Petere	3.1 HALE			Orangs	L_J Addition	
STREET ADDRESS				T ADDRESS				
CiTY-ST-ZIP			3.4. CITY -					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4, ₽ NAME					
STREET ADORESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP	······································		4.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	5.1 1111.8			Change	Addition	
NAME			5.2 NAME	1 .				
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY -	\$1-ZIP		[ ] Olianos	Adables	
TITLE		L DECEIE	G.1 TITLE			L Change	L Addition	
NAME STREET ADDRESS			6.2 NAME	T ADDRESS				
	1			T ADDRESS				
CITY-ST-ZIP	X		6.4 CITY-	S1-7IP				

I do hereby certify that the information indicated on t I am an officer or director supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name need, or on an attachment with an address. appears in Block 12 or