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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF, STATE

Sandra B. Mottham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000101922 (8)

J.B. CORREA, INC.

Principal Place of Business

Mailing Address

## **FILED** Jun 09 1997 8:00am Secretary of State



UNIT 5, 1800 N. FEDERAL HWY. BOYNTON BEACH FL 33435		UNIT 5, 1600 N. FEDERAL HWY. BOYNTON BEACH FL 33435-2811						
					3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last f	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	1 ·   A	pplied For	
21		26	26			7 N	lot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	<b>├</b> ¬			5. Certificate of Status Desired See Required Fee Required		
City & State	9 .	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country	Zíp	Country	,	8. This corporation has liability for i		s. 199.032,	
24	25		30			Yes No		
	g, Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Re	distelen Wästir		
FILINGS, INC.				Name	Name			
	N.W. 16TH STREET		82 Street Add		dress (P.O. Box Number is Not Acceptab	le)		
rı. ı	AUDERDALE FL 33311-4132		83					
	•		84	City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida. Such change was at	uthorized b	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered s registered	
SIGNATURE						DATE		
	Signature typed or printed name of registered a	agent and title if applicable. (NOTE  ND DIRECTORS	Ficgistered Ag	ant signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC		RS IN 12	
12.	D	DELETE	1.1 TITLE		Apprilotojo i i i i de di i i i	Change	Addition	
NAME	BOTERO, J.D.	<del>_</del>	1.2 NAME					
STREET ADDRESS	UNIT 5, 1600 N. FEDERAL H	WY.	1.3 STREE	ADDRESS				
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	•••	1.4 CITY-1	ST-21P				
TITLE	DELETE		2 1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	1 ADDRESS				
CITY-\$1-ZIP			2. 4 CITY-	\$T-ZIP			- 1 x xxxx	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAM€					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		The stee	3 4. CITY-	ST-ZIP		Change	Addition	
TITLE		DELETE	4.1 TITLE			C Ollaride	Accumon	
NAME			4. 2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE	31-411		Change	Addition	
TITLE NAME		_ осил	5.2 NAME				<u> </u>	
STREET ADDRESS			1	T ADDRESS				
			5.4 CITY -					
CITY-ST-ZIP TITLE			6.1 TITLE	5. Lt		Change	Addition	
NAME		<del></del>	6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY -					

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.

(561) 722-9327