

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P97000042606  
 1. Corporation Name  
**J-N-B HARDWOOD FLOOR, CORP**

Principal Place of Business	Mailing Address
<b>92 11 NW 121 STREET HIALEAH GARDENS, FL. 33016</b>	<b>9211 NW 121 STREET HIALEAH GARDENS, FL. 33016</b>

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>30</b> Country

DO NOT WRITE IN THIS SPACE.

**3.** Date Incorporated or Qualified **05/12/97**    **3a.** Date of Last Report

**4.** FEI Number **65-0328199**    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**

**BEATRIZ DE LOS REYES  
 9211 NW 121 STREET  
 HIALEAH GARDENS, FL. 33016**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and filer if applicable. (NOT) Registered Agent signature required when reinstating.

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JORGE SOCORRO
STREET ADDRESS	9211 NW 121 STREET
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	STD
NAME	BEATRIZ DE LOS REYES
STREET ADDRESS	9211 NW 121 STREET
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**600002526026**  
**-05/15/98--01105--017**  
**\*\*\*150.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Beatriz de los Reyes*    **Beatriz de los Reyes, Sec. 4-27-98**    (305) 557-0710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #