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**

DOCUMENT # P9700064946 1. Corporation Name

J.P. FUENTES, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90012 010 ***150.00



		<u></u>					
Principal Place of Business Mailing Address					1 10011201 110 (0111 (0011 00111 00111 00111	*** **** ****	41919 5111 1551
4440 SW 97TH AVE. 4440 SW 97TH AVE. MIAMI FL 33165 MIAMI FL 33165					DO NOT WRITE IN TH	IIS SPACE	,
					3. Date incorporated or Qualifed		
· 					07/28/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0814286		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27					3. Certificate of Otalias Desired	Fee F	Required
City & Stat	8	City & State			6: Election Campaign Financing	•	0 ⁻May Be ⁻─∽
23		28		<u> </u>	Trust Fund Contribution		to Fees
Zîp	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible Yes	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Cur	rent Registered Agent		81 Name .	10. Name and Address of New Registere	iu Agent	٠.
PER	EZ, JORGE			Name			
4440 SW 97TH AVE.				82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33165			83			
1711/31	III 1 E 30103			63			
				84 City		85 Zip	Code
							te registered
office or r	enictored enent or both in the Sta	ate of Florida. Such change was	s authorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing i pointment as r	registered
agent. I a	im familiar with, and accept the obl	igations of, Section 607.0505, I	Florida Statu	ites.	, , ,		· ·
SIGNATURE							
40	Signature, typed or printed name of registered		OTE: Registered	Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	DPST	AND DIRECTORS	1.1 TI	15	ABBITIONS/CHANGES TO CITICENS	Change	
TITLE	1	□ prrcir					
NAME	PEREZ, JORGE		1.2 NA				
STREET ADDRESS	4440 SW 97TH AVE.			REET ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33165	☐ DELETE		Y-ST-ZIP		Change	e ☐ Addition
TITLE			2.1 TI				
NAME			2.2 NA				
STREET ADDRESS	ļ			REET ADDRESS	,t		
CITY-ST-ZIP				TY-ST-ZIP	and the second of the second o	[] Change	e T Addition
TITLE		☐ DELETE	3.1 TR		•	Change	- LAuditon
NAME			3.2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			_	TY-ST-ZiP		☐ Change	e Addition
TITLE		☐ DELETE	4.1 TT			Charige	- C Anginon i
NAME			4, 2 N	1			}
STREET ADDRESS			1	REET ADDRESS			ļ
CITY-ST-ZIP				ry-ST-ZIP			
TITLE		☐ DELETE	5.1 TT			Change	e 🔲 Addition
NAME			5.2 NA				}
STREET ADDRESS				REET ADDRESS			}
CITY-ST-ZIP				ry-st-zip			
TITLE		☐ DELETE	δ.1 TΓ			Change	e 🔲 Addition
NAME	<u> </u>		6.2 NA	ME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP