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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700064950

JAGCOMP INC.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90096 049 ***150.00



7119 S.W. 128TH COURT 7119 S.W. 128TH COURT MIAMI FL 33183 MIAMI FL 33183				DO NOT WITH IN THIS SE	NOE.
				DO NOT WRITE IN THIS SPA	ice
	•			07/25/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1235	50 SW 132 CT	26 12350 Su	13acr	65-0780635	Not Applicable
Suite, Apt.	#, etc. 104	Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional Fee Required
City & State 23 Mi Ami Fl 28 Mi Ami F				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 33 86 25 USA 29 33 86 30 USA 8. This corporation owes the current year Intangible Personal Property Tax. Yes No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
CON	7ALEZ 100E A		81 Name		
GONZALEZ, JOSE A 7119 S.W. 128TH COURT			82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33183			83		
IMILAIM	H FL 33103		63	·	
			84 City	FL	5 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 of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or tolly, 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 fulth, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Signature, Wheel or baseled name of registeror significant life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE					
	Signatury, typed or drighted name of registered again. OFFICERS AND	-/	tered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
12.	PSTD OFFICERS AIGU		1.1 TITLE		Change Addition
/	/ - · ·		1.2 NAME		_
NAME (GONZALEZ, JOSE A 7119 S.W. 128TH COURT		1.3 STREET ADDRESS		1
STREET ADDRESS	MIAMI FL 33183		1.4 CITY-\$T-ZIP		
CITY-ST-ZIP	VD		2.1 TITLE		Change
NAME	GONZALEZ, DALILA	_	2.2 NAME		
l i	7119 S.W. 128TH COURT		2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33183		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP	MININI I E 00 100		3.1 TITLE	~ *: -	Change
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	3.4. CITY-ST-ZIP		}
TITLE			4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		_
TITLE			5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		\
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change
NAME I] :	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP	•	

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 supplemented 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 of the receives 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 our an attackingent with an address, with all other like empowered.

SIGNATURE