

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P97000065868
1. Corporation Name

JHANET GARCIA, INC.

Principal Place of Business

242 West 42nd Street
Hialeah, FL 33012

Mailing Address

P. O. Box 144728
Coral Gables, FL 33114

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

7/28/97

3a. Date of Last Report

4. FEI Number

65-0803280

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

Jhanet Garcia, Inc.
P. O. Box 144728
Coral Gables, FL 33114

10. Name and Address of New Registered Agent

81 Name

JHANET GARCIA

82 Street Address (P.O. Box Number is Not Acceptable)

242 W 42 ST

83

84 City

HIALEAH

FL

85 Zip Code

33012

11. Pursuant to the provisions of Sections 607.0507 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

Jhanet Garcia JHANET GARCIA

5/1/98

12. OFFICERS AND DIRECTORS

TITLE President
NAME Jhanet Garcia
STREET ADDRESS 242 West 42nd Street
CITY-ST-ZIP Hialeah, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied on 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 by me. 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. I have signed or caused to be signed with an address.

SIGNATURE:

Jhanet Garcia

5/1/98

(305) 827-3623

CR2E034 (9/96)

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81 Name JHANET GARCIA

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242 W 42 ST

83

84 City HIALEAH

FL 85 Zip Code

33012

11. Pursuant to the provisions of Sections 607.08007 and 607.15008, 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 Jhanet Garcia JHANET GARCIA

5/1/98

12. OFFICERS AND DIRECTORS

TITLE President
NAME Jhanet Garcia
STREET ADDRESS 242 West 42nd Street
CITY-ST-ZIP Hialeah, FL 33012

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE Change Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE Change Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE Change Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE Change Addition

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

14. I do hereby certify that the information supplied on this form 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made by 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. I have signed or caused to be signed in accordance with an address.

SIGNATURE: Jhanet Garcia

5/1/98 (305) 827-3623

CR2E034 (9/96)