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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082070 (8)

1. Corporation Name
J M CAMPOS, INC.

Principal Place of Business

9513 CSTLEFORD PT.
ORLANDO FL 32836

Mailing Address

9513 CSTLEFORD PT.
ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

59-3481187

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 7536 REPUBLIC DRIVE

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FLORIDA

28 City & State

24 Zip

Country

29 Zip

Country

24 32819-892

25 US

29

30

9. Name and Address of Current Registered Agent

BRUMER, BARRY N
5728 MAJOR BLVD., STE. 211
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

JOSE L. RAMOS

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

5381-B HOFFNER AVENUE

83

84 City

ORLANDO,

FL

85 Zip Code

32812

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

Signature, typed or printed name of registered agent and title if applicable

JOSE L. RAMOS

(NOTE: Registered Agent signature required when reinstating)

02/25/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME CAMPOS, JOSE M
STREET ADDRESS 9513 CSTLEFORD PT.
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ DELETE

TS
NAME FILHO, JOSE C
STREET ADDRESS 9513 CSTLEFORD PT.
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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.

SIGNATURE:

[Signature]

03/23/1998

CR2E034 (10/97)