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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000083168

Principal Place of Business	Mailing Address
13284 S.W. 39TH STREET	13284 S.W. 39TH STREET Miami Fl 33175

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90038 048 ***150.00

JAGG TE	ECH. SERVICES INC.										
Principal Place	e of Business	Mailing Address					1 (88)(88) (18)8)() (9 8 34 88 344 88 44) 28 ()) 48 (8) ()	8188 11181 1181	. 3498 4 4 8 44 4 88 1
13284 S.W. 39TH STREET MIAMI FL 33175 MIAMI FL 33175 MIAMI FL 33175			STREET				DO 1	NOT WRIT	E IN THIS	SPACE	
	•					3. 0	Date Incorporated or	Qualifed			
		•				(09/25/1997_				
2. Principal P	lace of Business	2a. Mailing Addre	ss				FEI Number			A	pplied For
21		26				<u> </u>	NOT APPLICAB	LE		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.				Certifcate of Status E				Additional
22		27				<u> </u>			. <u> </u>		equired
City & Stat	te	City & State				(Election Campaign F	-			May Be
23		28					Trust Fund Contribut				to Fees
Zip	Country	Zip		Country	1		This corporation owe		nt year Inta		□No
24	[25]	29	30	<u>) </u>			Personal Property Ta		omintored (Yes	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. /	Name and Address	Of New K	egistereu /	-gern	
FER	NANDEZ, CARLOS L ESQ.			L	L		 				
	SUNSET DRIVE			82	Street Addr	ress (P.0	O. Box Number is No	ot Acceptal	ble)		
	E A204			83	 						
	WI FL 33173			L			_				
****				84	City				FL	85 Zip	Code
11. Pursuant	to the broatsions of Sections on took	02 and 607.1508, Florida	a Statutes,	the above	e-named corp	poration	submits this stateme	nt for the p	ourpose of o	changing it	s registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such chang- ations of, Section 607.05	e was auth 505, Florida	a Statutes	the corporations.	ion's boa		ent for the p eby accept	the appoin	changing it itment as r	egistered
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14. Î 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 supplementar 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 reveiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name empowers Block 12 or Block 13 if changed on an adachment with an address, with all other like empowered.

SMATURE REQUIRED SIGNATURE: