


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90017 020 \*\*\*150.00

0257207

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000100780**

1. Corporation Name  
**JCL CONSOLIDATORS, INC.**



Principal Place of Business <b>11300 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178</b>	Mailing Address <b>11300 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10420 N.W. South</b> Suite, Apt. #, etc. 22 <b>River Drive</b> City & State 23 <b>Medley Fl.</b> Zip 24 <b>33178</b>		2a. Mailing Address 26 <b>10420 N.W. South</b> Suite, Apt. #, etc. 27 <b>River Drive</b> City & State 28 <b>Medley Fl.</b> Zip 29 <b>33178</b>		3. Date Incorporated or Qualified <b>11/26/1997</b>	
		4. FEI Number <b>65-0798569</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SOTO, NIEVES</b> <b>11300 N.W. SOUTH RIVER DRIVE</b> <b>MEDLEY FL 33178</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTO, NIEVES</b>	1.2 NAME	
STREET ADDRESS	<b>11300 N.W. SOUTH RIVER DRIVE</b>	1.3 STREET ADDRESS	<b>10420 N.W. South River Drive</b>
CITY-ST-ZIP	<b>MEDLEY FL 33178</b>	1.4 CITY-ST-ZIP	<b>Medley Fl. 33178</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTO, NIEVES</b>	2.2 NAME	
STREET ADDRESS	<b>11300 N.W. SOUTH RIVER DRIVE</b>	2.3 STREET ADDRESS	<b>10420 N.W. South River Drive</b>
CITY-ST-ZIP	<b>MEDLEY FL 33178</b>	2.4 CITY-ST-ZIP	<b>Medley Fl. 33178</b>
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAGOS MOLE, LEONARDO J</b>	3.2 NAME	
STREET ADDRESS	<b>11300 N.W. SOUTH RIVER DR</b>	3.3 STREET ADDRESS	<b>10420 N.W. South River Drive</b>
CITY-ST-ZIP	<b>MEDLEY FL 33178</b>	3.4 CITY-ST-ZIP	<b>Medley Fl. 33178</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTO, NIEVES</b>	4.2 NAME	
STREET ADDRESS	<b>11300 N.W. SOUTH RIVER DR</b>	4.3 STREET ADDRESS	<b>10420 N.W. South River Drive</b>
CITY-ST-ZIP	<b>MEDLEY FL 33178</b>	4.4 CITY-ST-ZIP	<b>Medley Fl. 33178</b>
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, SURAYDA J</b>	5.2 NAME	
STREET ADDRESS	<b>11300 N.W. SOUTH RIVER DR</b>	5.3 STREET ADDRESS	<b>10420 N.W. South River Drive</b>
CITY-ST-ZIP	<b>MEDLEY FL 33178</b>	5.4 CITY-ST-ZIP	<b>Medley Fl. 33178</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>10420</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Nieves Soto, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-99** **305 884-0019**  
Date Daytime Phone #

CR2E034 (11/98)