

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90087 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106923

1. Corporation Name
JOSE & MARIA CLAVIJO, INC.



Principal Place of Business 812 NE 17TH TERR., APT. E FT. LAUDERDALE FL 33304	Mailing Address 812 NE 17TH TERR., APT. E FT. LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 125-0801556762112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

1800 N. Andrews Ave. Apt. 3L Fort Lauderdale, Florida 33311	1800 N. Andrews Ave. Apt. 3L Fort Lauderdale, Florida 33311
22 Suite, Apt., #, etc.	27
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

CLAVIJO, JOSE
 812 NE 17TH TERR., APT. E
 FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Jose & Maria Clavijo
 82 1800 N. Andrews Ave. Apt. 3L
 83 Fort Lauderdale, Florida 33311
 84

L 85 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	CLAVIJO, JOSE	
STREET ADDRESS	812 NE 17TH TERR., APT. E	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	
NAME	CLAVIJO, MARIA	
STREET ADDRESS	812 NE 17TH TERR., APT. E	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	1800 N. Andrews Ave. Apt. 3L		
1.3 STREET ADDRESS	Fort Lauderdale, Florida 33311		
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME	1800 N. Andrews Ave. Apt. 3L		
2.3 STREET ADDRESS	Fort Lauderdale, Florida 33311		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: Jose Clavijo Date: 01-23-99 Daytime Phone # _____

CRZE034 (11/98)