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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90026 005 ***150.00

DOCUMENT # P98000021194

Principal Place of Business

J.R. CONSULTANTS GROUP, INC.

1351 SW 14151 AVENUE SUITE 4U2 PEMBROKE PINES FL 33027		PEMBROKE PINES FL 33027					DO NOT WEI	TE IN THIS	SPACE			
							3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							-	03/05/1998				
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number			plied For t Applicable	
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 A Fee Re		
City & State	9	Cit	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•	
Zip	Country	Zip		Cou	intry		8	This corporation owes the curr	ent vear Inta			
24	* [25]	29	3	0	•		•	Personal Property Tax.	, ,	Yes	₫ No	
<u></u>	9. Name and Address of Current			<u> </u>			10.	Name and Address of New F	egistered /	Agent		
	· ·	<u>~</u>			81	Name						
ACE ¹	VEDO, ROSA M		an Street			C+==+ 4+1+1	lana (f	2 C. Day Number in Not Accepts	hlal .			
1351	SW 141ST AVENUE SUITE 402					82 Street Address (P.O. Box Number is Not Acceptable)						
PEM	BROKE PINES FL 33027					83						
					94	City				85 Zip C	`nde	
					84	City			FL	[83] Sup C	700 0	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1	508, Florida Statutes	, the a	bove-	named corp	poratio	n submits this statement for the	purpose of	changing its	registered	
office or r	egistered agent, or both, in the State of medical familiar with, and accept the obligations.	of Florida, S	Such change was auti	horized	i by ti	ne corporation	ion's b	oard of directors. I hereby accep	it the appoin	itment as rec	Jistered	
		does						(1) Eni	1.30	1.190	19	
SIGNATURE	Signature, typed or printed name of registered agent			egistered	Agent	signature require	ed when	reinstating)	DATE	}'-'-	- -	
12.	OFFICERS ANI			13.				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	_	DELETE	1.1 TJ	TLE					Change	☐ Addition	
VAME	acevedo, nemesio jr			1.2 N	AME	1						
STREET ADDRESS	1351 SW 141ST AVENUE SUITE	E 402		1.3 S	TREET A	ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33027			1.4 C	TY-ST-	ZIP						
TITLE	STD		☐ DELETE	2.1 Ti	TLE					Change	☐ Addition	
NAME (ACEVEDO, ROSA M			2.2 N	AME							
STREET ADDRESS	1351 SW 141ST AVENUE SUITE	E 402		2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33027			2.40	ITY-ST	-ZIP						
TITLE			DELETE	3.1 TI	TLE					☐ Change	☐ Addition	
NAME				3.2 N	AME							
STREET ADORESS				3.3 8	TREET A	ADDRESS						
CITY-ST-ZIP				3.4. C	ITY-ST	- ZIP						
TITLE			☐ DELETE	4,1 TI						Change	☐ Addition	
NAME				4.21	IAME							
STREET ADDRESS				4.3 S	TREET A	ADDRESS				•		
CITY-ST-ZIP				4.4 CI	ny-st-	ZIP						
TITLE			DELETE	5.1 TI	TLE					Change	☐ Addition	
NAME .	3.0			5.2 Ň	AME							
STREET ADDRESS			• 2-	5.3 S	TREET	ADDRESS						
CITY-ST-ZIP				_	ITY-ST-	ZIP						
TITLE			☐ DELETE	6.1 TJ	TLE			_		Change	☐ Addition	
NAME				62 N	AME.							
STREET ADDRESS				6.3 S	TREET A	ADDRESS						
CITY-ST-ZIP				•	ITY-ST-							
14 Lhoroby	certify that the information supplied wit	h this filing	does not qualify for the	he exe	mptio	n stated in S	Sectio	n 119.07(3)(i), Florida Statutes.	I further cen	tify that the i	nformation	
officer or	on this annual report or supplemental director of the corporation or the receiver Block 13 if changed, or on an attact	ver or trust	ee empowered to exe	cute ti	his rei	port as requi	uired b	y Chapter 607, Florida Statutes	and that m	y name appe	ears in	

SIGNATURE: 4

954-450-2782