

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90044 047 ***150.00

DOCUMENT # P98000067823

1. Corporation Name
GARCIA, LORENZO, JACOBS & ASSOCIATES, INC.



Principal Place of Business
1890 SW 57TH AVENUE SUITE 110
MIAMI FL 33155

Mailing Address
1890 SW 57TH AVENUE SUITE 110
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1998

2. Principal Place of Business
21 16533 N.W. 57th Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 16533 N.W. 57th Ave.
Suite, Apt. #, etc.

4. FEI Number
65-0854578

Applied For
Not Applicable

22 City & State
Hialeah FL

27 City & State
Hialeah FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip Country
33014 MIAMI-DADE

28 Zip Country
33014 MIAMI-DADE

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ-SIAM, FRANK ESQ
265 SEVILLA AVENUE
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

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 D ☐ DELETE
NAME JACOBS, MARIO J
STREET ADDRESS 7530 SW 144TH STREET
CITY-ST-ZIP MIAMI FL 33158

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME MARIO S. JACOBS
1.3 STREET ADDRESS 7942 SW. 89th St
1.4 CITY-ST-ZIP Miami FL 33156

TITLE D ☐ DELETE
NAME GARCIA, JOSE M
STREET ADDRESS 1890 SW 57TH AVENUE SUITE 110
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE V.P. ☒ Change ☐ Addition
2.2 NAME GARCIA, JOSE M
2.3 STREET ADDRESS 8963 SW. 113th Place
2.4 CITY-ST-ZIP Miami FL 33176

TITLE D ☐ DELETE
NAME JACOBS, JACQUELINE
STREET ADDRESS 7530 SW 144TH STREET
CITY-ST-ZIP MIAMI FL 33158

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME JACOBS, JACQUELINE
3.3 STREET ADDRESS 7942 SW. 89th St
3.4 CITY-ST-ZIP Miami FL 33156

TITLE D ☐ DELETE
NAME LORENZO, JANET
STREET ADDRESS 1890 SW 57TH AVENUE SUITE 110
CITY-ST-ZIP MIAMI FL 33155

4.1 TITLE V.P. ☒ Change ☐ Addition
4.2 NAME LORENZO, JANET
4.3 STREET ADDRESS 8963 SW. 113th Place
4.4 CITY-ST-ZIP Miami FL 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO S. JACOBS

4-6-99

Date

305 624-7300

Daytime Phone #

CR2E034 (11/98)

022394