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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000088200

Corporation Name

JRG TITLE SERVICES CORP.

Principal Place of Business	Mailing Address
145 MADEIRA AVENUE SUITE 310 CORAL AGBLES, FL 33134 USA	145 MADEIRA AVENUE SUITE 310 CORAL AGBLES, FL 33134 USA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 10/15/98
Suite, Apt. #, etc.	Suite, Apt. #, etc. (27)	4. FEI Number: 65-0892089 ☐ Applied For ☐ Not Applicable
City & State	City & State (28)	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country (25)	Zip (29) / Country (30)	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

RAUL J. SANCHEZ DE VARONA
RAUL J. SANCHEZ DE VARONA, P.A.
145 MADEIRA AVENUE, SUITE 310
CORAL AGBLES, FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

I. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

11. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	RAUL J. SANCHEZ DE VARONA	1.2 NAME	
REET ADDRESS	145 MADEIRA AVENUE, SUITE 310	1.3 STREET ADDRESS	
Y-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	
LE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	JOSE A. RIERA	2.2 NAME	
REET ADDRESS	145 MADEIRA AVENUE, SUITE 310	2.3 STREET ADDRESS	
Y-ST-ZIP	CORAL GABLES, FL 33134	2.4 CITY-ST-ZIP	
LE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	GUADALUPE GUTIERREZ	3.2 NAME	
REET ADDRESS	145 MADEIRA AVENUE SUITE 310	3.3 STREET ADDRESS	
Y-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ Date 305-443-8600 Daytime Phone #

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL J. SANCHEZ DE VARONA