## 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

## DOCUMENT # **P98000096245**1. Corporation Name

J & J CONSULTING, CORP.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90043 013 \*\*\*150.00



Data stant Diago	of Dunings	Mailing Address			#11# #11# 11#	
Principal Place of Business		·				
14635 FITZPATRICK ROAD MIAMI LAKES FL 33014		14635 FITZPATRICK ROAD MIAMI LAKES FL 33014				
MIAMI LAKES F	·L 33014	MINMI CARES PE 35014		DO NOT WRITE IN THIS	SPACE	
				Date Incorporated or Qualifed 11/16/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
	I NW 154 ST.		15451	65-0889700		lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>_</u>	\$8.75	Additional
22 174		27 174		5. Certifcate of Status Desired	Fee F	tequired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23 Mia		28 Miami Lakes	, FL	Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inte	angible	
24 330	16 25 Dade	29 330/6 30	Dade	Personal Property Tax.	Yes	□No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
		<del></del>	81 Name	Feliciano, Javier		-
82 Street Address				Address (P.O. Box Number is Not Acceptable)		
				004 NW 1545t. #1	74	
MIAMI LAKES FL 33014						
					[a=  =:-	
			84 City	liami Lakes FL	85 Zip	Code 30/6
44 Dureupst	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes t	he above-named	corporation submits this statement for the purpose of	changing if	s registered
office or r	enistered agent, or both, in the State of	f Florida. Such change was autho	rized by the corpo	ration's board of directors. I hereby accept the appoin	ntment as r	egistered
agent. I a	m familiar with, and accept the obligation		D 1 1	2/23/	199	1
SIGNATURE	Signature and or printed name of registered agent is		residen T stered Agent signature re	outred when reinstation) OATE	~/	
12.	Signature and or printed name of registered agent of OFFICERS AND	<del> </del>	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	D	DELETE.	1.1 TITLE	Director	Change	
NAME	FELICIANO, LAZARO J		12 NAME	Feliciano, Lazaro J		
	14635 FITZPATRICK ROAD		13 STREET ADDRESS			-
STREET ADDRESS	MIAMI LAKES FL 33014			Minus 1 /2 6 Ft 230/6	•	Ì
CITY-ST-ZIP		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Migmilakes, FL 33016 Director	Change	Addition
TITLE	D FELICIANO IAMED I	· ·		Director	<u></u>	
NAME	FELICIANO, JAVIER J		2.2 NAME	Feliciano, Javier 8004 NW 154st #174		1
STREET ADDRESS	14635 FITZPATRICK ROAD		2.3 STREET ADDRESS	8004 NW 1545T #177		1
CITY-ST-ZIP	MIAMI LAKES FL 33014		2. 4 CITY-ST-ZIP	Miami Lakes, FL 33N6	☐ Change	
TITLE		_	3.1 TITLE	in the first time to the second of the secon	_ [_] Change	AOGIGOTI-
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS		1	4.3 STREET ADDRESS			
CITY-ST-ZIP		1	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			5.2 NAME	•	•	j
STREET ADDRESS			5.3 STREET ADDRESS			Y
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			}
MANIE						
STREET ADDRESS			6 3 STREET ADDRESS			

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: