

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

APPROVED
AND
FILED

98 APR 30 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 597683

1. Corporation Name

J. G. C. SERVICES AND SALES INC.

Principal Place of Business

Mailing Address

9100 CORAL WAY #5
MIAMI, FL. 33165

9100 CORAL WAY
MIAMI, FL. 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9401 SW 79 AVE	26 9401 SW 79 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33156	29 Zip 33156
25 Country USA	30 Country USA

3. Date Incorporated or Qualified

12/04/91

4. FEI Number

65-0313125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMEN JAQUET
9100 CORAL WAY #5
MIAMI, FL. 33165

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAQUET, CARMEN	1.2 NAME	
STREET ADDRESS	9100 CORAL WAY #5	1.3 STREET ADDRESS	000002514460--1
CITY-ST-ZIP	MIAMI, FL. 33165	1.4 CITY-ST-ZIP	-05/07/98--01003--006
TITLE	SA	2.1 TITLE	***211.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAQUET, GEORGETTE	2.2 NAME	
STREET ADDRESS	9100 CORAL WAY #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33165	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAQUET, JOHN JR	3.2 NAME	
STREET ADDRESS	9100 CORAL WAY #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33165	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

JOHN JAQUET JR.

4/30/98 850-9801000

CR2E034 (10/97)