FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B. 60178

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS XC

DOCUMENT # **V31907** (1)

1. Corporation Name

J & L GROUP, INC.

Principal Place of Business	Mailing Address
9036 PINE SPRINGS DR BOCA RATON FL 33428 US	9036 PINS SPRINGS DR BOCA RATON FL 33428 US

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 9188 PINE SPRING DR.
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON, FL.
24: Zip: 33428
25: Country: U.S.A.

2a. Mailing Address
26: 9188 PINE SPRING DR.
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON, FL.
29: Zip: 33428
30: Country: U.S.A.

4. FEI Number: 65-0330450 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAVEZ, LUIS L
9036 PINE SPRINGS DR
BOCA RATON FL 33428

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (Note: For a listed Agent, signature required when removing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CHAVEZ, LUIS L		1.2 NAME	CHAVEZ, LUIS L.	
STREET ADDRESS	9036 PINE SPRINGS DR		1.3 STREET ADDRESS	9188 PINE SPRINGS DR.	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE	V	☐ DELETE	2.1 TITLE	V - S	☒ Change ☐ Addition
NAME	CHAVEZ, JOSEFINA I		2.2 NAME	CHAVEZ, JOSEFINA I.	
STREET ADDRESS	9036 PINE SPRINGS DR		2.3 STREET ADDRESS	9188 PINE SPRINGS DR.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAVEZ, PAOLO		3.2 NAME		
STREET ADDRESS	9036 PINE SPRINGS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAVEZ, AUTANETE		4.2 NAME		
STREET ADDRESS	9036 PINE SPRINGS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	CHAVEZ, BENJAMIN	
STREET ADDRESS			5.3 STREET ADDRESS	9188 PINE SPRINGS DR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4/28/96 (407) 483-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)