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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J.A.A. MAINTENANCE, CORP.

## **FILED** Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						{ 1.0001.01000 0151.0000 0111.0000 0010.000 107.0000	ALBEL SIBIL DINI	<b>                                    </b>	
845 WEST 75TH STREET SUITE 404 HIALEAH FL 33014			845 WEST 75TH STREET Suite 404 Hialeah Fl 33014				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 09/14/1992		
2. Principal P	lace of Business	2a, Ma	illing Address				4. FEI Number	17	Applied For
21		26					65-0360405	[-]	Not Applicable
Suite, Apt.	#, etc.	27 Su	ite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional Required
City & State	0	Cit	y & Slate				6. Election Campaign Financing		<b>0</b> May Be
23 Country		28				Trust Fund Contribution			
Zip	Country 25		Zip Count		nuy		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Curre	29  nt Registers	d Agent	1301			10. Name and Address of New Registere	<del>/~</del>	
A	LVAREZ, JOSE A.		<u>Z</u>		81	Name			
845 West 75th Street Suite 404					82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
							ess (i.e., box number is not acceptable)		
Н	IIALEAH FL 33014				83				
					84	City	F	85 Zı	p Code
office or r	to the provisions of Sections 607 05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida 3	Such change was:	authorized	₃ by	the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing	its registered as registered
SIGNATURE	Signature, typind or printed name of highstored as	and and billing from	car at le (MICV	11 - Dennis *	 I Acres	ni eizeradena pasaa	ed when reinstating) DATE		
12,	Of LICERS At			13.	, refite	in alguarate requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	D		DELETE	1.1 10	ĻΕ			Change	
NAME	ALVAREZ, JOSE A			1.2 NA	ME				
STREET ADDRESS	845 W. 75TH STREET, SUI	TE 404		1.3 ST	REET	AODRESS			
CITY-ST-ZIP	HIALEAH FL			1.4 CI	1Y-S	T - ZIF			
TITLE			L] DELETE	2.1 11	l F			L Change	E L Addition (
NAME				2.2 N/	ME	Ì			
STREET ADDRESS						ADDRESS			
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NAME STORET ADDRESS				32 N/		ADDRESS			
STREET ADDRESS CITY-SY-ZIP				3.4. C		1			ŀ
THILE		- • • • •	DELETE	4.1 TI				Change	Addition
NAME				4.2 N				·	
STREET ADDRESS				4.3 ST	REET	ADDRESS			
CITY-ST-ZIP				4 4 CF	1Y-S1	1 - <b>7</b> IP			Ì
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NAME				5.2 NA	ME				
STREET ADDRESS				5.3 ST	REET	ADDRESS			!
CITY-ST-ZIP			<u></u>	5 4 CI	TY-S	I - 7IP			
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NAME				6.2 N/	MŁ				ŀ
STREET ADDRESS				6.3 \$1	REE1	ADDRESS			
CITY-ST-ZIP				6.4 CI					
<b>14.</b> Thereby o	certify that the information supplied	with this filing	does not qualify f	for the exc	mpt	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	he information

busine and accorate and manny signature shall have the same legal effect as if made under oath; that I am at histoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.