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Secretary of State

03-04-1999 90140 001 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **V69274**

1. Corporation Name
J. POOL DEPOT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 924 S.W. 82ND AVENUE MIAMI FL 33174
 Mailing Address: 924 S.W. 82ND AVENUE MIAMI FL 33174

3. Date Incorporated or Qualified: 10/07/1992
 4. FEI Number: 65-0360599
 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 27 Suite, Apt. #, etc.:
 28 City & State:
 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent
HERNANDEZ, FABIOLA
924 SW 82 AVENUE
MIAMI FL 33144

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	LUGO, JOSE F	1.2 NAME
STREET ADDRESS	924 SW 82ND AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE
NAME	HERNANDEZ, FABIOLA	2.2 NAME
STREET ADDRESS	924 SW 82ND AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE
NAME	HERNANDEZ, FABIOLA	3.2 NAME
STREET ADDRESS	924 SW 82ND AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	LUGO, JOSE F	4.2 NAME
STREET ADDRESS	924 SW 82ND AVENUE	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33144	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

President Fabiola Hernandez Change Addition
924 SW 82 Ave.
Miami, FL 33144

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Fabiola Hernandez Date: 2-15-99 Daytime Phone #: 305 262-8400

CR2E034 (11/98)