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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90036 009 ***150.00

DOCUMÉNT # **M83972** 1. Corporation Name

JMR INTERNATIONAL, INC.

Principal Place of Business		Mailing Address		I (BBIBBIL IR) ISIND JULIA HOND JULIA HIN		DAN DIBIN ADDI	
		842 FIRST STREET MIAMI BEACH FL 33139			DO NOT WRITE IN T	HIS SPACE	
<u> </u>				·	3. Date Incorporated or Qualifed		
					06/06/1988		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		plied For	
21	#	26 Suite Apt # etc	•		65-0107113		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	·
23		28		Trust Fund Contribution	Added t		
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	ØNo
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
RAMO	OS, MAXIMO		0	IValle			
842 FIRST STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAM	II BEACH FL 33139		83				
			04	City		85 Zip (Sodo
)	84	City		▝▙▕▕	
11. Pursuant	registered agent, or both in the State	02 and 607.1508, Florida Statutes, of Florida. Such change was auth	orized by	the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its pointment as re	registered gistered
agent. I a	am familiar with, and accept the øblig:	ations of, Section 607.0505, Florida	a S <u>tatut</u> es				
agent. I a		ations of, Section 607.0505, Florida	a Statutes	Anos	3-	20-99	
agent. I a	Signature, typed or printed ragge of registered age	ations of, Section 607.0505, Florida And title if applicable. (NOTE: Re	a Statutes	Anos		20-9 9	PRS IN 12
agent. I a	Signature, typed or printed ragge of registered age	ations of, Section 607.0505, Florida	a Statutes	Anos	alired when reinstating) ADDITIONS/CHANGES TO OFFICERS		PRS IN 12
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agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed mane of registered age	ations of, Section 607.0505, Florida An and title if applicable. (NOTE: Re ND DIRECTORS	ngistered Ager 13. 1.1 TITLE 1.2 NAME	Anos		AND DIRECTO	
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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 exporation 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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-785-8239