

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M98578** (1)
1. Corporation Name
JEMJ FINANCIAL SERVICES, INC.



Principal Place of Business: **9350 S. DIXIE HWY 1220 MIAMI FL 33156 US**
Mailing Address: **9350 S. DIXIE HWY 1220 MIAMI FL 33156 US**

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

3. Date Incorporated or Qualified: **09/14/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0273041** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SPECTOR, RICHARD M.
2601 S. BAYSHORE DR.
SUITE 1600
MIAMI FL 33133**

81 Name: _____
82 Street Address (P.O. Box Numbers Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(3), 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 607.02(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS
[] DELETED
TITLE: **PD**
NAME: **BINDER, JEFF**
STREET ADDRESS: **8950 SW 117TH STREET**
CITY, ST, ZIP: **MIAMI FL**
[] DELETED
TITLE: **STD**
NAME: **BINDER, LEE**
STREET ADDRESS: **8950 SW 117TH STREET**
CITY, ST, ZIP: **MIAMI FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996
[] Change [X] Addition
1. TITLE: **ASST. SECRETARY**
2. NAME: **Blanca Santos**
3. STREET ADDRESS: **11280 S.W. 40 Terrace**
4. CITY, ST, ZIP: **Miami, FL 33165**
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14. I do hereby certify that the information appearing in this report is true and correct, and that I am qualified for the exemptions provided in Section 149.07(3)(g), Florida Statutes. I further certify that the information appearing in this report is true and correct, and that I am qualified for the exemptions provided in Section 149.07(3)(g), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to exercise the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE: *Blanca Santos* **Blanca Santos** 4/15/96 (305) 670-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)