

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

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000072679 (1)**

1. Corporation Name  
**JER-N-MICH CORP.**



Principal Place of Business  
**1036 E 24TH ST  
 HIALEAH FL 33013**

Mailing Address  
**1036 E 24TH ST  
 HIALEAH FL 33013-4324**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. Country

29. 30. Country

3. Date Incorporated or Qualified  
**10/04/1994**

3a. Date of Last Report  
**04/22/1996**

4. FEI Number  
**65-0525090**

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

10. Name and Address of New Registered Agent

**JORGE L LOPEZ GARCIA ESQ  
 777 BRICKELL AVENUE  
 SUITE B50  
 MIAMI FL 33131**

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 \_\_\_\_\_  
(Print name, type, and title of registered agent and, if applicable, CNPIE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<b>PVST PEREZ, ANTONIA</b>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	<b>1036 E 24TH ST HIALEAH FL</b>	13.2 NAME	
12.3 CITY-STATE-ZIP	<b>D PEREZ, JORGE</b>	13.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	<b>1036 E 24TH ST HIALEAH FL 33013</b>	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	<input type="checkbox"/> DELETE	13.6 NAME	
12.7 CITY-STATE-ZIP		13.7 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY-STATE-ZIP		13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY-STATE-ZIP		13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY-STATE-ZIP		13.19 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		13.22 NAME	
12.23 CITY-STATE-ZIP		13.23 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	13.24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME		13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS		13.26 NAME	
12.27 CITY-STATE-ZIP		13.27 STREET ADDRESS	
12.28 TITLE	<input type="checkbox"/> DELETE	13.28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 NAME		13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS		13.30 NAME	
12.31 CITY-STATE-ZIP		13.31 STREET ADDRESS	

14. I do 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ANTONIA PEREZ - PRESIDENT*

*Antonio Perez*

3/21/97 (305)-696-5585

CR2E034 (9/96)