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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000072679

1. Corporation Name JER-N-MICH CORP.

Principal Place of Business

Mailing Address

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90038 048 ***150.00



1036 E. 24TH STREET 1036 E. 24TH ST HIALEAH FL 33013 HIALEAH FL 3301									
COMMENTE OF		,	· • · •			DO NOT WRI	TE IN THIS S	SPACE	
						 Date Incorporated or Qualified 10/04/1994 			
2. Principal Place of Business 2a. Mailing Address			ldress			4. FEI Number		Ap	plied For
21	· · · · · · · · · · · · · · · · · · ·	26	No. of the Control	.		- 65-0525090		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	equired
City & State City & State			te			6. Election Campaign Financing	П	\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country Zip			Country		This corporation owes the curr			
24	25 29 3					Personal Property Tax.		Yes	□ No
	9. Name and Address of Curro	ent Registered Ager	<u> </u>	81	Name	10. Name and Address of New	Registered A	.gent	
JORGE LOPEZ GARCIA ESQ.				"	INGHIO				
777 BRICKELL AVENUE				82	2 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 950				83				_	
MAM	Al FL 33131			84	City			85 Zip (Code
	•				City		FL	}	ľ
11. Pursuant office or reagent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 607.1508, FI e of Florida. Such ch pations of, Section 60	orida Statutes, t ange was autho 7.0505, Florida	he above rized by Statutes	e-named corporati	poration submits this statement for the ion's board of directors. I hereby acce	purpose of option	hanging its tment as re	registered gistered
SIGNATURE	Ol	ent and title if applicable	(NOTE: Pagi	ctarert Anac	nt elonature requir	ed when reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS					it agristine requir	ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
TITLE	PVST		DELETÉ	13. 1.1 TITLE				Change	☐ Addition
NAME .	PEREZ, ANTONIA			1.2 NAME					
STREET ADDRESS	1036 E 24TH ST		l	1.3 STREET	ADORESS				l
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-S	1				Ì
TITLE	D		DELETE	2.1 TITLE				Change	☐ Addition
NAME	PEREZ, JORGE			2.2 NAME		•			
STREET ADDRESS	1036 E 24TH ST		_ - 1-1	2.3 \$TREE1	ADDRESS			,	
CITY-ST-ZIP	HIALEAH FL 33013	•	1	2. 4 CITY- 9	ST-ZIP				
TITLE	•		DELETE	3.1 TITLE				Change	☐ Addition
NAME				3.2 NAME	1				
STREET ADDRESS				3.3 STREET	TADORESS				
CITY-ST-ZIP				3.4. CITY-5	it-zip			<u>. </u>	
TITLE			DELETE	4.1 TITLE				Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	T ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE		·		☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS	,			5.3 STREET	T ADDRESS				
CITY-ST-ZIP'	~ : : <u></u>			5.4 C/TY-S	T-ZIP				
TITLE	32.		DELETE	6.1 TITLE				☐ Chaпge	☐ Addition
NAME	r in grafe			6.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS				
					1				

CITY-ST-ZIP

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 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. CITY-ST-ZIP

SIGNATURE:

696-5585