SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G15123 (4)

1. Corporation Name
JEM FINANCIAL CORP.

Principal Place of Business
3625 N.W. 82 AVE.,#311
MIAMI FL 33166

Mailing Address
3625 N.W. 82 AVE.,#311
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1982
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business	2a. Mailing Address
21 8925 S.W. 148 street	26 8925 S.W. 148 street
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 Miami FL	City & State 28 Miami FL.
Zip 24 33176 Country 25 USA	Zip 29 33176 Country 30 USA

4. FEI Number: 59-2248573 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. ☐ — $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
EPSTEIN, JEFF 3625 N.W. 82 AVE.,#311 MIAMI FL 33166	81 Name: EPSTEIN Jeff 82 Street Address (P.O. Box Number is Not Acceptable): 8925 S.W. 148 street 83 Suite 210 84 City: Miami FL 85 Zip Code: 33176

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

12. OFFICERS AND DIRECTORS		13.	
TITLE	PD	1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	EPSTEIN, JEFF	1 NAME	
STREET ADDRESS	3625 NW 82 AVE. #311	1 STREET ADDRESS	8925 S.W. 148 St, # 210
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	Miami, Fl 33176
TITLE	ST	2 TITLE	TREASURER ☑ Change ☐ Addition
NAME	CHAMBERLAIN, DAVID	2 NAME	
STREET ADDRESS	3625 NW 82 AVE #311	2 STREET ADDRESS	8925 S.W. 148 St. # 210
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	Miami FL 33176
TITLE	V	3 TITLE	V.P. ☑ Change ☐ Addition
NAME	CHARLEY, DENNIS	3 NAME	
STREET ADDRESS	3625 NW 82 AVE #311	3 STREET ADDRESS	2913 N.W 82 Ave.
CITY-ST-ZIP	MIAMI FL	3 CITY-ST-ZIP	Miami, FL. 33122
TITLE		4 TITLE	SECRETARY ☐ Change ☑ Addition
NAME		4 NAME	Glenn Huberman
STREET ADDRESS		4 STREET ADDRESS	8925 S.W. 148 St. #210
CITY-ST-ZIP		4 CITY-ST-ZIP	Miami Fl 33176
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Jeff Epstein — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/20/95 Daytime Phone #: (305) 2346066

0057366 CF

CR2E034 (3/95)