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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Suite, Apt. #, etc.

City & State

DOCUMENT # F9600000317 (5)

JM PROPERTIES GROUP, INC.

Principal Place of Business	Mailing Address					
PO BOX 27740 LAS VEGAS NV 89126	PO BOX 27740 LAS VEGAS NV 89126-1740					
2. Principal Place of Business	2a. Mailing Address					

Suite, Apl. #, elc.

City & State

FILED Mar 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



3. Date Incorporated or Qualified

01/18/1996

APPLIED FOR

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

		_ 40]				Trust Fulla Colle	noution	AC	ided to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation	has liability for intangi	ible tax un	der s. 199.032,	
24	25	29	30			Florida Statutes		☐ No		
9. Name and Address of Current Registered Agent						10, Name and Add	ress of New Register	ed Agent		
	SSO, LAURA L ESQ			81	Name					
% Russo, Baker & Alvarez, P.A. 4675 Ponce de Leon Blvd, suite 301				82 Street Address (P.O. Box Number is Not Acceptable)						
COF	RAL GABLES FL 33146		İ	B3						
			ŀ	84	City			85	Zip Code	
	•				•		F	- L i i i	•	
OTHER OF I	to the provisions of Sections 607.0503 registered agent, or both, in the State am familiar with, and accept the obliga	OLLIONGA, Such change w	as authorizod	i bv	the cornoratio	oration submits this sta on's board of directors	tement for the purpose. I hereby accept the a	e of chang appointme	ing its registered nt as registered	
SIGNATURE	Signature, typed or printed name of registers diagen	A not tile H words alde.	in in the second	Amon	t signature requires			,		
12.	OFFICERS AND	4.4	13.	- Site I	. signature requires		NGES 10 OFFICERS A	AND DIBEC	TORS IN 12	
TITLE	PD	XDEEL	11100	 L f	P	DST	TOLO TO OTT TOLITO?	Cha		
NAME	CALIGIURI, DENISE	•	1.2 NA	ME		HILIP DOD	lac			
STREET ADDRESS	% RUSSO BAKER ETAL, 4675 PONCE DE LEON BLV			IEF I A	ADDRESS 1	5300 W SA	DARA			
CITY-ST-ZIP	CORAL GABLES FL 33146		1,4 0(1)	Y-SI-	-ZIP	LAS VEGAS	89102			
TITLE		DELFTE	2.1 Till			1		Cha	inge A Addition	
NAME			2.2 NA	Mξ	C	ORT W CHI	RISTIE			
STREET ADDRESS			2.3 STR	REED A	Tryproc 5	SOD W SAL	JAKA			
CITY-ST-ZIP			2 4 GI1	Y- ST	-ZIP LI	AS VE SAS	NN 89105			
TITLE		DELFTE	3 1 1111	, F				Cha	inge Addition	
NAME			3.2 NAM	ИΓ						
STREET ADDRESS			3 3 STH	(ELA	ODRESS					
CITY-ST-ZIP			3.4. 60	Y-S1	- ZIP					
TITLE		☐ DEFETE	4 1 1171	.ŀ				☐ Cha	nge Addition	
NAME			4. 2 NA	Μí						
STREET ADDRESS			4.3 STR	EE1 A	DDRESS					
CITY-ST-ZIP			4.4 0011	Y - \$1-	- ZIP					
TITLE		DELETE	5.1 1(1)	E				Cha	nge Addition	
NAME			5.2 NAN	AE						
STREET ADDRESS			5.3 STR	EFT A	DORESS			1/12	3-14	
CITY-ST-ZIP			54 011	Y-S1-	- ZIP			•	•	
TITLE		☐ DELETE	61 INL	E			002114: /9701104-	_ ☐ Cha	nge 🔲 Addition	
NAME			6 2 NAN	Æ		5000	ルルビル 1 年) 707 - 01104			
STREET ADDRESS			6.3 S1R	ECT AI	DDRISS	~U3/14	/3(~~UliU4~°	-005		
CITY-ST-ZIP			6.4 CHY	(-SI-	719	****100	. UU			
14. I do hereb	by certify that the information supplied	with this filing does not qu	alify for the e	xem	iption stated in	n Section 119.07(3)(i).	Florida Statutes. I furti	her 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 eath; 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.