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Jun 20, 2001 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 00000055036
1. Corporation Name

J & M AMERICAN ENTERPRISES INC.

Principal Place of Business
8203 SW 107th Avenue Ste 203B
Miami, Florida 33173

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip Country

28. Zip Country

7. This corporation owes the current year intangible Personal Property Tax.

Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERNESTO JULIAO
8203 SW 107th Avenue Ste 203B
Miami, Florida 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: No printed Agent signature required when retaking)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	PR.	☐ DELETE
11.2 NAME	Ernesto Juliao	
11.3 STREET ADDRESS	8203 SW 107th Avenue # 203B	
11.4 CITY-ST-ZIP	Miami, Florida 33173	
11.5 TITLE	V/P	☒ DELETE
11.6 NAME	Francisco mendoza	
11.7 STREET ADDRESS	8203 SW 107th Ave. # 203B	
11.8 CITY-ST-ZIP	Miami, Florida 33173	
11.9 TITLE		☐ DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-ST-ZIP		
11.13 TITLE		☐ DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-ST-ZIP		
11.17 TITLE		☐ DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-ST-ZIP		

12.1 TITLE		☐ Change ☐ Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-ST-ZIP		
12.5 TITLE		☐ Change ☐ Addition
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-ST-ZIP		
12.9 TITLE		☐ Change ☐ Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-ST-ZIP		
12.13 TITLE		☐ Change ☐ Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

4-30-01

Date

305-273-9304

Daytime Phone #