

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 AM 9: 01

DOCUMENT # **488842** (6)  
1. Corporation Name  
**JMA ENTERPRISES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
850 NE 207 TERR STE 203 MIAMI FL 33179 US  
P.O. BOX 660521 MIAMI SPRINGS BRANCH MIAMI SPRINGS FL 33266-0521

3. Date Incorporated or Qualified 11/03/1975 3s. Date of Last Report 07/08/1994

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1633870 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 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No  
24 25 29 30

9. Name and Address of Current Registered Agent HUTTOE, ARTHUR E. 1441 NW N. RIVER DRIVE MIAMI SPRING FL 33125  
10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGULO, JOSEPH M.	1.2 NAME	
STREET ADDRESS	967 HUNTING LODGE DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGULO, RALPH A.	2.2 NAME	
STREET ADDRESS	967 HUNTING LODGE DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGULO, RICHARD A.	3.2 NAME	
STREET ADDRESS	967 HUNTING LODGE DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 executor or other person empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in all agreement with an address.

SIGNATURE: *[Signature]* 1/23/95 30/674-1426  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime (Area #)