

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 612130 (5)
1. Corporation Name
JORME CORPORATION

Principal Place of Business Mailing Address
351 NW LEJEUNE ROAD 351 NW LEJEUNE ROAD
MIAMI FL 33134 MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 33126	29 33126

3. Date Incorporated or Qualified	4. FEI Number	Applied For
02/27/1979	59-1948443	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year Intangible
<input type="checkbox"/>	Trust Fund Contribution <input type="checkbox"/>	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HARRIS, ANA C ESO.
MISHAN, SLOTO & GREENBERG, P.A.
200 S. BISCAYNE BLVD., SUITE 2350
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

INOTIF: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ-MEDINA, ROLANDO	
STREET ADDRESS	351 NW LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NN, FREDERICK L	
STREET ADDRESS	351 NW LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Madelaine Solorzano	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	351 N.W. LeJeune Rd. #203	
1.3 STREET ADDRESS	Miami, Fl. 33126	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	351 NW LeJeune Rd. #203	
2.3 STREET ADDRESS	Miami, Fl. 33126	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gisela Sanchez-Medina	
3.3 STREET ADDRESS	351 N.W. LeJeune Rd. #203	
3.4 CITY-ST-ZIP	Miami, Fl. 33126	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 in an attachment with an address.

SIGNATURE:

FREDERICK L. NIN

4/13/98

(305) 6495040

CR2E034 (10/97)