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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 681505 (4)

1. Corporation Name
JMS TRADING, CORP.



Principal Place of Business: **633 NE 167 ST STE #1101 N. MIAMI BEACH FL 33162 US**

Mailing Address: **633 NE 167 ST #1101 N. MIAMI BEACH FL 33162-2449 US**

3. Date Incorporated or Qualified: **07/25/1980**

3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business

21. **689 West 26 street**

22. Suite, Apt. #, etc.

23. City & State: **Hialeah, FLA**

24. Zip: **33010**

25. Country: **USA**

2a. Mailing Address

26. **689 West 26 street**

27. Suite, Apt. #, etc.

28. City & State: **Hialeah, FLA**

29. Zip: **33010**

30. Country: **USA**

4. FEI Number: **59-2241953**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$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

**SUSI, SALOMON
16458 NE 31ST AVE
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name: **SUSI, SALOMON**

82. Street Address (P.O. Box Number is Not Acceptable): **689 West 26 street**

83.

84. City: **Hialeah**

85. Zip Code: **FL 33010**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUSI, SALOMON	
STREET ADDRESS	16458 NE 31ST AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SUSI, LISA E.S.	
STREET ADDRESS	16458 NE 31ST AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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: _____ DATE: **4/29/97** **205-883-1856**

CR2E034 (9/96)