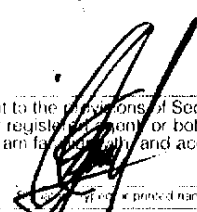
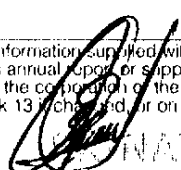


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1997 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F11324 (3)</b><br>1. Corporation Name<br><b>J.M.C. INTERNATIONAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                 |  |
| Principal Place of Business<br><b>16035 NW 57 AVENUE<br/>MIAMI LAKES FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | Mailing Address<br><b>16035 NW 57 AVENUE<br/>MIAMI LAKES FL 33014-8705</b>                                                                                                                                                                      |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30                                                                                                                                                     |  |
| 3. Date Incorporated or Qualified<br><b>12/17/1980</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | 3a. Date of Last Report<br><b>08/12/1996</b>                                                                                                                                                                                                    |  |
| 4. FEI Number<br><b>59-2045818</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | Applied For<br>Not Applicable                                                                                                                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | \$8.75 Additional Fee Required                                                                                                                                                                                                                  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | \$5.00 May Be Added to Fees                                                                                                                                                                                                                     |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                 |  |
| 9. Name and Address of Current Registered Agent<br><b>CARRALERO, JORGE<br/>1745 W. 76TH ST.<br/>HIALEAH FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 10. Name and Address of New Registered Agent<br>81 Name <b>CARRALERO JORGE</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>16363 SEGOVIA Circle South</b><br>83<br>84 City <b>PEMBROKE PINES</b> FL 85 Zip Code <b>33331</b> |  |
| 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 reinstating) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                 |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                           |  |
| TITLE <b>DP</b> <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME <b>CARRALERO, JORGE</b>   | 1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                |  |
| STREET ADDRESS <b>1745 W. 76 ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 1.2 NAME <b>CARRALERO JORGE</b>                                                                                                                                                                                                                 |  |
| CITY- ST- ZIP <b>HIALEAH FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 1.3 STREET ADDRESS <b>16363 SEGOVIA Circle South</b>                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 1.4 CITY- ST- ZIP <b>PEMBROKE PINES FL. 33331</b>                                                                                                                                                                                               |  |
| TITLE <b>DS</b> <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME <b>CARRALERO, MAGDA I</b> | 2.1 TITLE <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                |  |
| STREET ADDRESS <b>1745 W. 76 ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 2.2 NAME <b>CARRALERO MAGDA.</b>                                                                                                                                                                                                                |  |
| CITY- ST- ZIP <b>HIALEAH FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 2.3 STREET ADDRESS <b>16363 SEGOVIA Circle South</b>                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 2.4 CITY- ST- ZIP <b>PEMBROKE PINES FLA. 33331</b>                                                                                                                                                                                              |  |
| TITLE <b>DVP</b> <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME <b>CARRALERO, ANGELA</b>  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| STREET ADDRESS <b>556 E 11TH ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 3.2 NAME                                                                                                                                                                                                                                        |  |
| CITY- ST- ZIP <b>HIALEAH FL 33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 3.3 STREET ADDRESS                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 3.4 CITY- ST- ZIP                                                                                                                                                                                                                               |  |
| TITLE <b>TD</b> <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME <b>CARRALERO, RAFAEL</b>  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| STREET ADDRESS <b>556 E 11 STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 4.2 NAME                                                                                                                                                                                                                                        |  |
| CITY- ST- ZIP <b>HIALEAH FL 33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 4.3 STREET ADDRESS                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 4.4 CITY- ST- ZIP                                                                                                                                                                                                                               |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                           | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | 5.2 NAME                                                                                                                                                                                                                                        |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | 5.3 STREET ADDRESS                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 5.4 CITY- ST- ZIP                                                                                                                                                                                                                               |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                           | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | 6.2 NAME                                                                                                                                                                                                                                        |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | 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 (check) and/or on an attachment with an address. |                                |                                                                                                                                                                                                                                                 |  |
| SIGNATURE:  SIGNATURE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                                                                                                                                                                                 |  |

CR2E034 (9/96)