FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F37226** **(0)**

1. Corporation Name
J M STATEWIDE, INC.

Principal Place of Business
~~18257 NW 23RD. AVE.~~
~~STE. 1~~
~~OPA LOCKA FL 33056~~
~~US~~

Mailing Address
~~18257 NW 23RD. AVE.~~
~~STE. 1~~
~~OPA LOCKA FL 33056~~
~~US~~

3. Date Incorporated or Qualified: 06/02/1981
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-2641064 — Applied For / Not Applicable

2. Principal Place of Business
21 1990 N.W. 183 STREET
Suite, Apt. #, etc.
22 13
City & State
23 OPALOCKA, FLORIDA
Zip 24 33056 Country 25 U.S.A.

2a. Mailing Address
26 1990 N.W. 183 STREET
Suite, Apt. #, etc.
27 13
City & State
28 OPALOCKA, FLORIDA
Zip 29 33056 Country 30 U.S.A.

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
MELIAN, JAMES
15651 S.W. 86TH TERRACE
MIAMI FL 33193

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 607.150(k), 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, must be of registered agent, and be legible) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~P&D~~	☐ DELETE
NAME	MELIAN, JAMES	
STREET ADDRESS	~~18257 NW 23RD. AVE., STE. 1~~	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	MELIAN, JAMES	
1.3 STREET ADDRESS	1990 N.W. 183 STREET, SUITE 13	
1.4 CITY-ST-ZIP	OPALOCKA, FL 33056	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above or on an attachment with an address.

SIGNATURE: _____ JAMES MELIAN — 6/19/96 — (305)6259503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VICE PRESIDENT

CR2E034 (12/95)