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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F49903

(O)

JESMAR OF MIAMI, INC. Principal Place of Business Mailing Address C/O EULOGIO VILLENA C/O EULOGIO VILLENA 3012 NW 79TH AVE 3012 NW 79TH AVE MIAMI FL 33122-1010 MIAMI FL 33122 3. Date incorporated or Qualified 3a. Date of Last Report 10/15/1981 02/05/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2147926 Not Applicable 21 Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VILLENA, EULOGIO 3012 N W 79 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33122** 83 City 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. Lam familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signal inclityped in partical raise of registered agent and title. Lappicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition TITLE 1.1 TITLE VILLAFANA, CELIA 1.2 NAME **72E034** NAME 3012 NW 79TH AVE 13 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 14 CiTY-ST-ZIP CITY-ST-20-Change Addition DELETE 21 TITLE TITLE VILLENA, GULOGIO NAME 2.2 NAME 3012 N W 79TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI,FL 00000 2. 4 CITY - ST - ZIP CRY-ST-ZIF DELETE Change ... Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-ST-ZiP Change DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS C-TY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 017Y - \$1 - 76P 5.4 CITY - ST - ZIP ☐ Change DELETE Addition 6.1 TITLE THEF NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIF 6.4 CITY - ST-2IP

14. I do hereby cert by that the information supplied with this filling 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 suppliemental 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 on an attachment with an address. SIGNATURE: Cla Villafana CELIA VILLAFANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 27 1997 8:00am

Secretary of State