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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	G73698
Corporation Name	

Country

9. Name and Address of Current Registered Agent

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(4)

JORAMS, INC.

Principal	Place	Ωf	Business
T III IOIP C		ψ.	0.0000

Mailing Address

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

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7754 N. KENDALL DR. MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

LOPEZ, JOSE

MIAMI FL 33156

7754 N. KENDALL DR.

City & State

21

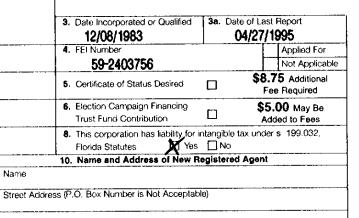
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7754 N. KENDALL DR. MIAMI FL 33156



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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

B1

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City

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SIGNATURE Signature, typed or printed name of registered eyen and title if application (NOTE: Registered Agent signature required when reinstaling) DATE DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12		
TITLE	PO	DELETE	1, 1 TITLE		☐ Change	☐ Addition		
NAME	LOPEZ, JOSE		1.2 NAME					
STHEET ADDRESS	7754 N. KENDALL DR.		1.3 STREET ADDRESS					
CHTY-ST-ZIP	MIAMI, FL. 33156		1.4 CITY-ST-ZIP					
TITLE	V t	DELFTE	2 1 TITLE		☐ Change	Addition		
NAME	EILUMENTHAL, RAMON		22 NAME			1		
STREET ADDRESS	16485 COLLINS AVE		2 3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI BEACH, FL 0		24 CITY-\$1-ZIP					
TITLE		DELETE	3 1 TITLE		Change	Addition		
NAM!			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CHTY-ST-ZIP			3.4 CHTY - ST - ZIP					
TILE		DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME			4.2 NAME					
STREET ADORESS			4.3 STREET ADORESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5 1 TITLE		Change	Add tion		
NAMÉ			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-7IP			5.4 CITY - ST - ZIP					
TITLE	[DELETE	6. 1 TITLE		☐ Change	Addition		
NAME			6 2 NAME			ļ		
STREET ADDRESS			63 STREET ADDRESS					
C(TY - ST - Z)P			64 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 purplemental 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 exceiver 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 changes or on all attachment with an address.

AM OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/96

) 2745120

Daytime Priorie #