

**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 # J14920

1. Corporation Name

~~JOLEM IMPORTS, INC.~~  
JLMG, INC

NC (9)  
5/3/96



Principal Place of Business: 831 NW 21ST ST. MIAMI FL 33127  
Mailing Address: 831 NW 21ST ST. MIAMI FL 33127

3. Date Incorporated or Qualified: 05/16/1986  
3a. Date of Last Report: 03/24/1995  
4. FEI Number: 59-2712857  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
WEIL, MURRAY B., JR.  
1666-79TH ST CAUSEWAY  
SUITE 608  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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.

SIGNATURE: \_\_\_\_\_ (NOTE: Register and Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	WEIL, MURRAY B., JR. 1666-79TH ST CAUSEWAY MIAMI BEACH FL	1.1 TITLE	
NAME:		1.2 NAME	
STREET ADDRESS:		1.3 STREET ADDRESS	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP	
TITLE: PD	JOVE, SALOMON 8877 COLLINS AVE #908 MIAMI BCH. FL	2.1 TITLE	
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE: T	JOVE, BERTA 8877 COLLINS AVE. MIAMI BCH. FL	3.1 TITLE	
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE: D	OLEMBERG, ISAAC 800 NW 21 ST. MIAMI FL	4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: S	OLEMBERG, NIEVES 800 N.W. 21ST STREET MIAMI FL	5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: VP	JOVE, SARA 1271 98 ST BAY HARBOR ISLANDS FL	6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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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 if changed, or on an attachment with an address.

SIGNATURE: *Berta Jove, President* 2-14-96 305-5450022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

*5/1/96*