

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2712857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 193.032,
Florida Statutes ☐ Yes ☐ No

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

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	WEIL, MURRAY B., JR.	1666-79TH ST CAUSEWAY	MIAMI BEACH FL	<input type="checkbox"/>
PD	JOVE, SALOMON	8877 COLLINS AVE #908	MIAMI BCH. FL	<input type="checkbox"/>
T	JOVE, BERTA	8877 COLLINS AVE.	MIAMI BCH. FL	<input type="checkbox"/>
D	OLEMBERG, ISAAC	800 NW 21 ST.	MIAMI FL	<input type="checkbox"/>
S	OLEMBERG, NIEVES	800 N.W. 21ST STREET	MIAMI FL	<input type="checkbox"/>
VP	JOVE, SARA	1271 98 ST	BAY HARBOR ISLANDS FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

300001834383
-05/22/96--01040--016

***200.00

SIGNATURE:

Berta Jove, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

305-5450022

Daytime Phone #

CR2E034 (12/95)

5/1/96