FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

J.M.S. OF MIAMI, INC.

(8)

DOCUMENT # K24170

FILED Feb 12 1997 8:00am Secretary of State



** Nose M. Sivera 5449 W 26 AVE HALEAH FL 33016		% JOS 5449 V	Mailing Address * JOSE M. SIVERA 5449 W 26 AVE HIALEAH FL 33016-4031							
							3. Date incorporated or Qualified 05/19/1988		te of Last F 1/1996	Report
2. Principal Place of Business 28. Mailing Address			iling Address				4. FEI Number		A	pplied For
			26				65-0049563 Not Applicable			
Suite, Apt	#, etc.	h	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional	
Cata P. Sact	en communication of the standard and all the contracts of management of the standard of the st	27	v & State							equired
City & Stat	£.		28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zip	Country	28	······	Coun	trv					
24	25	29	,	30	ı. y		8. This corporation has liability for in Florida Statutes	ntangible] Yes	ax under t I No	3. 199,032,
	9. Name and Address of Cur		d Agent	1301		 	10. Name and Address of New Re			
SIVE	ERA, JOSE M.	·			81	Name				····
	9 W 26 AVE					N	(D.O. B			
. HIALEAH FL 33016				ľ	32	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
- 3 tol 30				1	33	,				····
				L				 .	·,, .	
				[8	34	City		FL	85 Zip	Code
office or r agent Ta SIGNATURE	registered agent, or both, in the St imitamitian with, and accept the of Signature, typed or profed name of registered	tate of Florida. Soligations of, Se	Such change was ection 607.0505, F	authorized Florida Statu	by tes.	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)	t the appo	onanging bintment as	ns registered s registered
12.		AND DIRECTO		13.		r organization	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TIFLE	PT		DELETE	1.1 TITL	E				Change	Addition
NAME	SIVERA, JOSE M.			1,2 NAN	AE.				_ •	
STREET ADDRESS	5449 W 26 AVE					DDRESS				
City-St-ZiP	HIALEAH FL			1.4 CiTY	/-ST-	- 2 1P				
TIBLE	V		☐ DELETE	2.1 TITL					Change	Addition
NAME	SARDON, LUIS CONRADO			2.2 NAM	Æ					
STREET ADDRESS	5449 W 26 AVE			2.3 STR	EET A	DORESS				
City-St-ZiP	HIALEAH FL			2. 4 CIT						
TITLE	S		DELETE	3.1 TITL					Change	Addition
NAME	SIVERA, LIZANDRA			3.2 NAM	AE.					
STREET ADORESS	5449 W 26 AVE			3.3 STR	EET A	DORESS				
CITY-ST-ZIP	HIALEHA FL			3.4. CIT	Y~ST	- ZIP				
TITLE			DELETE	4.1 TITL			**************************************		Change	☐ Addition
NAME				4. 2 NAM					• •	
STREET ADDRESS						DDRESS				
CITY-ST-7IP				4.4 CITY						
TITLE			DELETE	5 1 TITL					Change	Addition
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRI		DORESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITU		F-17			Change	Addition
NAME				6.2 NAM						
STREET ADDRESS				6.3 STR		DORESS				
City-S*-ZiP			•	6.4 CITY						
ALC: N Th				■ U.9 UIII	· • 1	4-1				

14. I do hereby certify that the information supplied with this filing 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 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 of langed, or on an attachment with an address.