


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K24170 (8)
1. Corporation Name
J.M.S. OF MIAMI, INC.

Principal Place of Business % JOSE M. SIVERA 5449 W 26 AVE HIALEAH FL 33016	Mailing Address % JOSE M. SIVERA 5449 W 26 AVE HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8981 NW 145 LANE Suite, Apt. #, etc.		2a. Mailing Address 26 8981 NW 145 LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/19/1988	
22 City & State 23 MIAMI		27 City & State 28 MIAMI, FL		4. FEI Number 65-0049563	
24 33018		29 33018		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIVERA, JOSE M. 5449 W 26 AVE HIALEAH FL 33016				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 8981 NW 145 LANE			
				83			
				84 City MIAMI			
				85 FL			
				86 Zip Code 33018			

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SIVERA, JOSE M.				1.2 NAME			
STREET ADDRESS 5449 W 26 AVE				1.3 STREET ADDRESS 8981 NW 145 LANE			
CITY-ST-ZIP HIALEAH FL				1.4 CITY-ST-ZIP MIAMI, FL 33018			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SARDON, LUIS CONRADO				2.2 NAME			
STREET ADDRESS 5449 W 26 AVE				2.3 STREET ADDRESS 8991 NW 145 LANE			
CITY-ST-ZIP HIALEAH FL				2.4 CITY-ST-ZIP MIAMI, FL 33018			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SIVERA, LIZANDRA				3.2 NAME			
STREET ADDRESS 5449 W 26 AVE				3.3 STREET ADDRESS 8991 N.W. 145 LANE			
CITY-ST-ZIP HIALEAH FL				3.4 CITY-ST-ZIP MIAMI, FL 33018			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE JOSE M. SIVERA PRESIDENT 1/29/98 305-558-4409

CR2E034 (10/97)