

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

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K82773 (8)

1. Corporation Name  
JIMMAX, INC.



Principal Place of Business  
20200 NE 27TH CT., J-21  
MIAMI FL 33180-2009

Mailing Address  
20200 NE 27TH CT., J-21  
MIAMI FL 33180-2009

3. Date Incorporated or Qualified  
04/24/1989

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business  
21 2990 NW 1/6TH AVE  
Suite, Apt. #, etc.  
22 #108

2a. Mailing Address  
26 2990 NW 1/6TH AVE  
Suite, Apt. #, etc.  
27 #108

4. FEI Number  
65-0120701

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 LAUDERDALE LAKES  
City & State

28 LAUDERDALE LAKES  
City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33313  
Zip Country  
25 FLORIDA

29 33313  
Zip Country  
30 FLO

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OUELLET, ROLAND  
20200 NE 27TH CT., J-21  
MIAMI FL 33180-2009

81 Name  
OUELLET ROLAND  
82 Street Address (P.O. Box Number is Not Acceptable)  
2990 NW- 1/6TH AVE  
83 LAUDERDALE LAKES  
84 City SUITE-108 FL 85 Zip Code 33313

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 of Agent for printed name of registered agent, as titled on application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | P                            | <input type="checkbox"/> DELETE |
| NAME           | OUELLET, ROLAND              |                                 |
| STREET ADDRESS | 20200 NE 27TH CT., J-21      |                                 |
| CITY-ST-ZIP    | MIAMI FL                     |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | OUELLET, GHISLAINE           |                                 |
| STREET ADDRESS | 20200 NE 27TH CT., APT. J-21 |                                 |
| CITY-ST-ZIP    | MIAMI FL                     |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | OUELLET, SYLVAIN             |                                 |
| STREET ADDRESS | 216 CALIXA LAVALLE JRY 3P4   |                                 |
| CITY-ST-ZIP    | REPENTIGNY QUEBEC CA         |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | P                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | OUELLET ROLAND            |  |
| 1.3 STREET ADDRESS | 2990 NW- 1/6TH AVE #108   |  |
| 1.4 CITY-ST-ZIP    | LAUDERDALE LAKES FL 33313 |  |
| 2.1 TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | OUELLET GHISLAINE         |  |
| 2.3 STREET ADDRESS | 2990 NW- 1/6TH AVE #108   |  |
| 2.4 CITY-ST-ZIP    | LAUDERDALE LAKES FL 33313 |  |
| 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    |                           |  |

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 if changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-97

Date

Daytime Phone #

0244631

CR2E034 (9/96)