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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

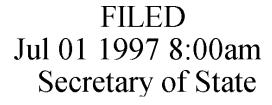
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L05382

(1)

JIMAL, INC.



| | | | | · | | | | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------|------------|----------------------------|----------------------------------------------------------------------------------------|-------------------------|----------------------------|----------------------------|
| Principal Plac | e of Business | Mailing Address | · | | | E 1881/21f Dit omidt Attac (110) finien 1101 (|) (| | 8(B() (E8) |
| 16 JAMES ELLISON 3488 NORTH MIAMI AVENUE MIAMI FL 33127-3534 | | % JAMES ELLISON 3486 NORTH MIAMI AVEN MIAMI FL 33127-3534 | 3486 NORTH MIAMI AVENUE | | | | - | | |
| | | | | | | 3. Date Incorporated or Qualified 07/31/1989 | 1 | te of Last R 1/1996 | eport |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | 1 0170 | | oplied For |
| 21 | | 26 | | | | 65-0138883 | | No. | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt #, etc. | · · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Dosired See Required Fee Required | | | |
| City & Stat | 0 | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Zip Country | | | 8. This corporation has liability for i | ntangible | tax under s | . 199.032, |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yos No 10, Name and Address of New Registered Agent | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | 10. Name and Address of New Re | gistered A | gent | |
| | SON, JAMES | | | | inaine | | | | |
| | B NORTH MIAMI AVE. MI FL 33127 | | | | | ress (P.O. Box Number is Not Acceptab | le) | | |
| | | | | 63 | | | | | |
| | | | | 84 | City | 1 | FL | 85 Zip (| Code |
| office or r | to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the obli | e of Florida. Such change was | authorized | l by i | named corp the corporat | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of I the appo | changing it pintment as | s registered registered |
| SIGNATURE | Signature, typed or printed name of registered a | pent and tele # applicable . (NO | TE: Registered | Agen | L signature requir | red when roinstaing) | DATE. | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | P | ☐ DELETE | 1.1 1(1) | | | | | Change | Addition |
| NAME | ELLISON, JAMES | | 1.2 NA | | | | | | |
| STREET ADDRESS | 3466 N. MIAMI AVE. MIAMI FL | | | | DDRESS | | | | |
| CITY-ST-ZIP TITLE | VI | DELETE | 1.4 CIT 2.1 TIT | | ZIP | | | Change | Addition |
| NAME | ELLISON, ALAN | L.J Otteri | 2.2 NAI | | | | | onango | |
| STREET ADDRESS | 3466 N. MIAMI AVE. | | 4 | | DDRESS | | | | ľ |
| CITY-ST-ZIP | MIAMI FL | | | - Y-ST | | | | | |
| TITLE | SAT | ☐ DELETE | 3.1 TiTI | L F | | | | Change | Addition |
| NAME | BELOFF, MARISUE | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | 3488 N. MIAMI AVE | | 3.3 \$18 | REE I A | DORESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CI | | - ZIF | | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | | [| | 1 | Change | Addition |
| NAME | | • | 4. 2 NA | | | • | | | |
| STREET ADDRESS | | | | | DDRESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CH 5.1 TH | | Zit. | 1 1 | | Change | Addition |
| NAME | | _ Mills | 5.1 M | | | | | | |
| STREET ADDRESS | | | | | DORESS | | | | İ |
| CITY-SI-ZIP | | | 5.4 CIT | | Į. | | | | |
| TITLE | | DELETE | 6.1 TIT | | | | | Change | Addition |
| NAME | | | 6.2 NA | | | • | | • | |
| STREET ADDRESS | | | | | DDRESS | | | |] |
| CITY-ST-ZIP | | | 6.4 CH | Y-ST- | ZIP | | | | İ |
| 14. I do herel | by certify that the information suppli | ed with this filing does not qual | ify for the e | ven | notion states | Lin Section 119 07(3)(i), Florida Statutes | Lfurther | certify that | the |

I do neleby certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(5)(f), Florida Statutes 1 further certify that the sint 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 eath; that I am an officer or director or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fibrida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.