


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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90166 024 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L05382**

1. Corporation Name  
**JIMAL, INC.**



Principal Place of Business % JAMES ELLISON 3466 NORTH MIAMI AVENUE MIAMI FL 33127-3534	Mailing Address % JAMES ELLISON 3466 NORTH MIAMI AVENUE MIAMI FL 33127-3534
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/31/1989**

2. Principal Place of Business 21 <b>C/O MARISUE BELOFF</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>C/O MARISUE BELOFF</b> Suite, Apt. #, etc.
22 <b>6525 ALLISON RD.</b> City & State	27 <b>6525 ALLISON RD.</b> City & State
23 <b>MIAMI BEACH, FLA.</b> Zip Country	28 <b>MIAMI BEACH, FLA.</b> Zip Country
24 <b>33141</b> 25 <b>U.S.</b>	29 <b>33141</b> 30 <b>U.S.</b>

4. FEI Number <b>65-0138883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ELLISON, JAMES**  
**3466 NORTH MIAMI AVE.**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7495 SCHOOLHOUSE ROAD**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33143**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>P</b>
NAME	<b>ELLISON, JAMES</b>
STREET ADDRESS	<b>3466 N. MIAMI AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VT</b>
NAME	<b>ELLISON, ALAN</b>
STREET ADDRESS	<b>3466 N. MIAMI AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SAT</b>
NAME	<b>BELOFF, MARISUE</b>
STREET ADDRESS	<b>3466 N. MIAMI AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7495 SCHOOLHOUSE RD.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FLA 33143</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7495 SCHOOLHOUSE RD.</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33143</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>6525 ALLISON RD.</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FLA. 33143</b>
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 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, with all other like empowered.

SIGNATURE: Marisue Beloff 2-14-99 305-861-6525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)