


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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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	
4. FEI Number 65-0138883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	

2. Principal Place of Business 21 C/O MARISUE BELOFF Suite, Apt. #, etc. 22 6525 ALLISON RD. City & State 23 MIAMI BEACH, FLA. Zip 24 33141	2a. Mailing Address 26 C/O MARISUE BELOFF Suite, Apt. #, etc. 27 6525 ALLISON RD. City & State 28 MIAMI BEACH, FLA. Zip 29 33141
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9. Name and Address of Current Registered Agent ELLISON, JAMES 3466 NORTH MIAMI AVE. MIAMI FL 33127	
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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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, JAMES	1.2 NAME	
STREET ADDRESS	3466 N. MIAMI AVE.	1.3 STREET ADDRESS	7495 SCHOOLHOUSE RD.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLA 33143
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, ALAN	2.2 NAME	
STREET ADDRESS	3466 N. MIAMI AVE.	2.3 STREET ADDRESS	7495 SCHOOLHOUSE RD.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA. 33143
TITLE	SAT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELOFF, MARISUE	3.2 NAME	
STREET ADDRESS	3466 N. MIAMI AVE	3.3 STREET ADDRESS	6525 ALLISON RD.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FLA. 33141
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, 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)