

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 11:01

DOCUMENT # **L23907** (3)

1. Corporation Name
AAA JEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% WILLIAM J. SEGAL 1799 N.E. 184TH STREET N. MIAMI BEACH FL 33162 20801 BISCAYNE BLVD N.M.B. FL 33180 STE 304	% WILLIAM J. SEGAL 1799 N.E. 184TH STREET N. MIAMI BEACH FL 33162 20801 BISCAYNE BLVD STE 304 N.M.B. FL 33180

3. Date Incorporated or Qualified 10/19/1989	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0150099	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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 20801 BISCAYNE BLVD	2a. Mailing Address 20801 BISCAYNE BLVD
22. Suite, Apt. #, etc. SUITE # 304	27. Suite, Apt. #, etc. SUITE # 304
23. City & State No Miami Beach	28. City & State No Miami Beach
24. Zip 33180	25. County DADE
29. Zip 33180	30. County DADE

9. Name and Address of Current Registered Agent SEGAL, WILLIAM J. 1799 N.E. 184TH STREET N. MIAMI BEACH FL 33162	10. Name and Address of New Registered Agent 81 Name SEGAL, WILLIAM J. 82 Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD 83 SUITE # 304 84 City No Miami Beach FL 85 Zip Code 33180
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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: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SEIDNER, EDWARD 9020 NW 19TH ST PEMBROKE PINES FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, ST, ZIP		1. CITY, ST, ZIP	
TITLE		2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I do this to 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 responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **ED SEIDNER** June 19, 1995 (305) 436-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR