

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

**FILED**

**Mar 26 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 # L49165 (8)**  
1. Corporation Name  
**J.L.M. & ASSOCIATES, INC.**



Principal Place of Business: **7834 W 16TH AVE  
7834 WEST 16TH AVENUE  
HIALEAH FL 33014  
US**

Mailing Address: **7834 W 16TH AVE  
7834 WEST 16TH AVENUE  
HIALEAH FL 33014-3344  
US**

3. Date Incorporated or Qualified: **01/31/1990**      3a. Date of Last Report: **04/04/1996**

4. FEI Number: **65-0190993**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

21. Suite, Apt. #, etc. \_\_\_\_\_

22. City & State \_\_\_\_\_

23. Zip \_\_\_\_\_ Country \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. Mailing Address

26. Suite, Apt. #, etc. \_\_\_\_\_

27. City & State \_\_\_\_\_

28. Zip \_\_\_\_\_ Country \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

**9. Name and Address of Current Registered Agent**

**MARBAN, JOSE L  
7834 W 16TH AVENUE  
HIALEAH FL 33014**

**10. Name and Address of New Registered Agent**

81. Name \_\_\_\_\_

82. Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

83. \_\_\_\_\_

84. City \_\_\_\_\_

85. Zip Code **FL** \_\_\_\_\_

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 and I understand with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

DELETE

**D**

**MARBAN, JOSE L.**

**7834 WEST 16TH AVENUE**

**HIALEAH FL**

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

1.1 TITLE \_\_\_\_\_

1.2 NAME \_\_\_\_\_

1.3 STREET ADDRESS \_\_\_\_\_

1.4 CITY - ST - ZIP \_\_\_\_\_

Change  Addition

2.1 TITLE \_\_\_\_\_

2.2 NAME \_\_\_\_\_

2.3 STREET ADDRESS \_\_\_\_\_

2.4 CITY - ST - ZIP \_\_\_\_\_

Change  Addition

3.1 TITLE \_\_\_\_\_

3.2 NAME \_\_\_\_\_

3.3 STREET ADDRESS \_\_\_\_\_

3.4 CITY - ST - ZIP \_\_\_\_\_

Change  Addition

4.1 TITLE \_\_\_\_\_

4.2 NAME \_\_\_\_\_

4.3 STREET ADDRESS \_\_\_\_\_

4.4 CITY - ST - ZIP \_\_\_\_\_

Change  Addition

5.1 TITLE \_\_\_\_\_

5.2 NAME \_\_\_\_\_

5.3 STREET ADDRESS \_\_\_\_\_

5.4 CITY - ST - ZIP \_\_\_\_\_

Change  Addition

6.1 TITLE \_\_\_\_\_

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 included 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.

**SIGNATURE:** *Jose L. Marban*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/97**      **305 644 8884**  
DATE      DAYTIME PHONE #

CR2E034 (9/96)