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

APPROVED AND FILED

95 MAR 10 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55289 (7)

1. Corporation Name
JBM DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
12914 SW 133 CT. MIAMI FL 33186	9107 SW 151 AVE. RD. MIAMI FL 33196-1313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 10/27/1994

2. Principal Place of Business
21 1217 SW 149 LANE
22 Suite, Apt. #, etc.
23 City & State: SUNRISE, FL
24 Zip: 33326-1959 25 Country: USA

2a. Mailing Address
26 1217 SW 149 LANE
27 Suite, Apt. #, etc.
28 City & State: SUNRISE
29 Zip: 33326-1959 30 Country: USA

4. FEI Number: 65-0180440 ☐ 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

9. Name and Address of Current Registered Agent

JARAMILLO, LINA
9107 SW 151 AVE. RD.
MIAMI FL 33196-1313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1217 S.W. 149 LANE
83
84 City: SUNRISE FL 85 Zip Code: 33326

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	MUNERA, JUAN	1.2 NAME	
STREET ADDRESS	12914 SW 133RD CT	1.3 STREET ADDRESS	1217 SW 149 LANE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	SUNRISE, FL. 33326-1959
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	JARAMILLO, LINA	2.2 NAME	
STREET ADDRESS	9107 SW 151 AVE RD	2.3 STREET ADDRESS	1217 SW 149 LANE
CITY-ST-ZIP	MIAMI FL 33196-1313	2.4 CITY-ST-ZIP	SUNRISE, FL. 33326-1959
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: J.B. Munera 2-16-95 (305) 475-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208078 CP