

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L79937 (3)

1. Corporation Name
JOMARK INVESTMENT CORP.

FILED
95 AUG -7 AM 11: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
% JOSE MARTINEZ
345 N.E. 127TH ST.
NORTH MIAMI FL 33161-4624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/11/1990 **08/09/1994**

2. Principal Place of Business	2a. Mailing Address
21 1401 NE. 185 ST.	25 1401-NE. 185 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 APT 989	27 APT. 989
City & State	City & State
23 N. M. B. - FL.	28 N. M. B. - FL.
Zip	Zip
24 33179	29 33179
County	County
25 DADG.	30 DADG.

4. FEI Number Applied For
65-0353710 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 interjurisdictional tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARTINEZ, JOSE
345 N.E. 127TH ST.
NORTH MIAMI FL 33261

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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, typed or printed name of registrational agent and the if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTINEZ, JOSE
STREET ADDRESS	345 N.E. 127TH ST.
CITY - ST - ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARTINEZ, JOSE	
13 STREET ADDRESS	1401 NE. 185 ST.	
14 CITY - ST - ZIP	N. M. B. - FL - 33179	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: _____ **JOSE MARTINEZ** 7-30-95 305 9497047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)