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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07054

(3)

FILED May 21 1998 8:00am Secretary of State

J.M. SERVICES NO. ONE INC.								
Principal Place of Business Mailing Address							/B/1 0/010 8/01	
8221 NW 54 ST 8221 NW 54 ST								
MIAMI FL 33166 US US US						DO NOT WRITE IN THIS SP	ACE	
US US						3. Date Incorporated or Qualified		
						10/29/1984		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21		26	<u> </u>			59-2538268	No	t Applicable
Suite, Apt. #, etc.			,			5. Certificate of Status Desired	\$8.75	
City & State		City & State	City & State			1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Fee Re	'
23	•	28				Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	<u> </u>			B. This corporation owes or has paid the curre		
24	25 29 30		30			Personal Property Tax due June 30.	Yes [No
	9. Name and Address of Curr					10. Name and Address of New Registered Ag	jent	
	NAY, CARLOS A ESQUIRE			81	Name			
999 PONCE DE LEON				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	JITE 1110		83			· · · · · · · · · · · · · · · · · · ·	 -	·
"	DRAL GABLES FL 33134							
				84	City	F-1_ :	85 Zip (1
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the al					-named corporation	oration submits this statement for the purpose of c	hanging it	s registered
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								
10	Signature, typed or printed name of registered		OTL Registered	Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTOR	S IN 12
12.	OFFICERS AND DIRECTORS 13.			LE	P			
NAME			1.2 NA		7	ose m. Infante, TR. P. Box 140392 8221 N		-1
STREET ADDRESS	3225 BIRD AVE		1.3 STREET ADDR		ADDRESS P	0. Box 140392 8221 N	m sa	- 21
CITY-ST-ZIP	MIAMI FL		1.4 CI		T-ZIP C-	oral Gables, El Migni	P	33/66
TITLE		☐ DELETE	2.1 TITLE			τ.	Change	Addition
NAME			2.2 NAM					
STREET ADDRESS			2.3 STREE		1			
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - 7		IT-ZIP	<u> </u>	Change	☐ Addition
TITLE NAME	U DECEI			3.1 TITLE 3.2 NAME		L-		Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE			4.1 70		-		Change	Addition
NAME	4.3		4. 2 N	ME				
STREET ADDRESS	4.3		4.3 ST	REE1.	ADDRESS			
CITY-ST-ZIP			4.4 CI	[Y-S]	T-ZIP			
TITLE		DELETE	5.1 TITLE			L	Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADORESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY ETE 6.1 TITLE		1 - ZIP		Change	Addition
NAME			6.2 NA			L	_ Grange	
STREET ADDRESS					ADDRESS			
CITY-\$T-ZIP	T.		6.4 CI					
	certify that the information supplied	I with this filing does not qualify				Section 119.07(3)(i), Florida Statutes. I further certi	fy that the	information

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 attack ment with an address.

CICNATIDE.