

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

FILED

May 12 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 # **M52389** (7)
 1. Corporation Name
JLH FINANCIAL SERVICES, INC.



Principal Place of Business 2044 SW 23 STREET MIAMI FL 33145 US	Mailing Address 2044 SW 23 STREET MIAMI FL 33145-3310 US
---	--

2. Principal Place of Business 21 299 ALHAMBRA CIRCLE Suite, Apt. #, etc. 207 City & State Coral Gables, FL Zip 33134 Country USA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. City & State Zip 33134 Country USA		3. Date Incorporated or Qualified 05/19/1987	3a. Date of Last Report 02/20/1996
22 207		27 33134		4. FEI Number 59-2832559	Applied For <input type="checkbox"/> Not Applicable
23 Coral Gables, FL		28 33134		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33134		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 USA		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BULAS, LUIS 299 ALHAMBRA CIRCLE #401 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name BULAS, LUIS 82 Street Address (P.O. Box Number is Not Acceptable) 299 ALHAMBRA CIRCLE, Suite 207 83 84 City Coral Gables FL 33134 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BULAS, LUIS		1.2 NAME A & E Investment Trust	
STREET ADDRESS 299 ALHAMBRA CIRCLE, SUITE 401		1.3 STREET ADDRESS 299 ALHAMBRA CIRCLE, Suite 207	
CITY - ST - ZIP CORAL GABLES FL 33134		1.4 CITY - ST - ZIP CORAL GABLES, FL - 33134	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Luis Bulas** 5/11/97 (315)445-1711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0201736

CR2E034 (9/96)