

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M57057** (5)

1. Corporation Name  
**3-J.M. INVESTMENT INC**

Principal Place of Business

**6330 WEST 21 COURT  
HALEAH FL 33016**

Mailing Address

**6330 WEST 21 COURT  
HALEAH FL 33016**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/10/1987</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0075717</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MACHIN, JUAN M.  
4291 W. 18TH LANE  
HALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **MACHIN JUAN M.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8115 N.W. 162nd Street**  
83  
84 City **MIAMI** FL 85 Zip Code **33016**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MACHIN, JUAN M.</b>	
STREET ADDRESS	<b>4291 WEST 18TH LANE</b>	
CITY-ST-ZIP	<b>HALEAH FL 33012</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MERINO, GERARDO</b>	
STREET ADDRESS	<b>7697 NORTH AUGUSTA DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33012</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MACHIN, DIEGO</b>	
STREET ADDRESS	<b>1411 WEST 42ND ST.</b>	
CITY-ST-ZIP	<b>HALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MACHIN JUAN M.</b>
1.3 STREET ADDRESS	<b>8115 N.W. 162nd St.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33016</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MERINO GERARDO</b>
2.3 STREET ADDRESS	<b>7697 N. AUGUSTA DR.</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MACHIN DIEGO</b>
3.3 STREET ADDRESS	<b>8241 N.W. 194 Terr.</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE: **X**

*[Signature]*

4/16/98 (205) 822-9002

CR2E034 (10/97)