

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

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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M86036 (4)
1. Corporation Name
JIM'S MANAGEMENT CORPORATION



Principal Place of Business
8262 NW 58TH ST
MIAMI FL 33166
US

Mailing Address
8262 NW 58TH ST
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/13/1988 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0063962 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| RINCON, JAIME 5421 S.W. 154 CT MIAMI FL 33185 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RINCON, EUGENIA | 1.2 NAME | |
| STREET ADDRESS | 5421 SW 154 COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33185 | 1.4 CITY-ST-ZIP | |
| TITLE | VPSD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RINCON, JAIME | 2.2 NAME | |
| STREET ADDRESS | 5421 S.W. 154 CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33185 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALERO, EDGAR | 3.2 NAME | |
| STREET ADDRESS | 8262 NW 58 ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33166 | 3.4 CITY-ST-ZIP | |
| TITLE | VPD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORE, VICTOR | 4.2 NAME | |
| STREET ADDRESS | 8837 SW 137 AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33183 | 4.4 CITY-ST-ZIP | |
| TITLE | VPD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZULUAGA DE ARIAS, ILIANA | 5.2 NAME | |
| STREET ADDRESS | 8262 NW 58 ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33166 | 5.4 CITY-ST-ZIP | |
| TITLE | VPD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALERO, DIEGO | 6.2 NAME | |
| STREET ADDRESS | 8262 NW 58 ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33166 | 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, or on an attachment with an address.

SIGNATURE: *Jaime Rincon*

CR2E034 (10/97)