

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90199 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86036

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <i>5421 SW 154 Ct</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Miami Florida</i>
Zip 24	Country 29 <i>33185</i> 30

3. Date Incorporated or Qualified 06/13/1988	
4. FEI Number 65-0063962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RINCON, JAIME
5421 S.W. 154 CT
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RINCON, EUGENIA	
STREET ADDRESS	5421 SW 154 COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	RINCON, JAIME	
STREET ADDRESS	5421-S.W. 154 CT.	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CALERO, EDGAR	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORE, VICTOR	
STREET ADDRESS	8637 SW 137 AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZULUAGA DE ARIAS, ILIANA	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CALERO, DIEGO	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaime Rincon* **SIGNATURE REQUIRED** *4-9-99* *305 2200843*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)