

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M98578** (1)  
1. Corporation Name  
**JEMJ FINANCIAL SERVICES, INC.**



Principal Place of Business: **9350 S. DIXIE HWY 1220 MIAMI FL 33156 US**  
Mailing Address: **9350 S. DIXIE HWY 1220 MIAMI FL 33156 US**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22  
23  
24

3. Date Incorporated or Qualified: **09/14/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0273041**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SPECTOR, RICHARD M.  
2601 S. BAYSHORE DR.  
SUITE 1600  
MIAMI FL 33133**

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(3), 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 607.02(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
[ ] DELETED  
TITLE: **PD**  
NAME: **BINDER, JEFF**  
STREET ADDRESS: **8950 SW 117TH STREET**  
CITY, ST, ZIP: **MIAMI FL**  
[ ] DELETED  
TITLE: **STD**  
NAME: **BINDER, LEE**  
STREET ADDRESS: **8950 SW 117TH STREET**  
CITY, ST, ZIP: **MIAMI FL**  
[ ] DELETED  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_  
[ ] DELETED  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_  
[ ] DELETED  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996  
[ ] Change  Addition  
1. TITLE: **ASST. SECRETARY**  
2. NAME: **Blanca Santos**  
3. STREET ADDRESS: **11280 S.W. 40 Terrace**  
4. CITY, ST, ZIP: **Miami, FL 33165**  
[ ] Change  Addition  
[ ] Change  Addition  
[ ] Change  Addition  
[ ] Change  Addition

14. I do hereby certify that the information appearing on this report is true and correct, and that I am qualified for the exemptions provided in Section 149.07(3)(g), Florida Statutes. I further certify that the information appearing on this report is a true and correct copy of the annual report and a copy of the same shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to exercise the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached card with an address.

SIGNATURE: **Blanca Santos**, Blanca Santos  
4/15/96 (305) 670-3405

CR2E034 (12/95)