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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M98578

1. Corporation Name

JEMJ FINANCIAL SERVICES, INC.

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Principal Place	e of Business	Mailing Address				ļ				
9350 S. DIXIE I	-WY	9350 S. DIXIE HWY								
1220		1220				Į.			_	
MIAMI FL 33156	3	MIAMI FL 33156				DO NOT WRITE IN THIS SPACE				
US		US			3.	3. Date Ir corporated or Qualifed 09/14/1988				
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		Apr	pied For
21		26				į	65-0273041	Not A		Applicable
<del></del>	Apt. #, etc. Suite, Apt. #, etc.							\$8.		ditional
<del></del>	., 0.0.	27			5.	5. Certificate of Status Desired Fee Required				
City & S ate		City & State								
ļ	3	<b>⊢</b> •	—, ·			ь.	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23	Country Zip Co									01003
Zip	Country	<u> </u>		uу		8.	8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29	30				Personal Property Tax.		<del></del>	
	9. Name and Address of Currer	Registered Agent		24 1			Name and Address of New Registered	4yent		
CAN	TOO DI ANICA		1	31	Nan	ne				
SANTOS, BLANCA 9350 S. DIXIE HIGHWAY			1	82 Street Addi			P.O. Box Number is Not Acceptable)			
j .	E 1220		ļ.	33						
L	/II FL 33156		'	,,,						
			[4	34	City		FI	85	Zip C	ode
44 D	to the servicines of Continue CO7 050	2 and 607 1509 Florida Statu				ed corporatio	on submite this statement for the nurnose of	-hangi	na its	ragistered
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 cirectors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
SIGNATORE	Signature, typed or printed nai ne of registered ager	nt and title if applicable. (NOT	:: Registered A	gent	t signate	ure required when				
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS (AN	D DIR	ECTO	FS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E				□ Ct	ange	☐ Addition
NAME	BINDER, JEFF		1.2 NAM	ME						
_	ACTO AND AUTHORITE			1.3 STREET ADDRESS		ree				
STREET ADDRE 3S	MIAMI FL					233				
CITY-ST-ZIP			1,4 CITY		- ZIP	<del></del>		□ Ch	20000	Addition
TITLE	STD	—		2.1 TITLE				L] CI	anye	☐ Addition
NAME	BINDER, LEE			2.2 NAME						
STREET ADDRESS	8950 SW 117TH STREET		2.3 STR	2.3 STREET ADDRESS		SS				
CITY-ST-ZIP	IIAMI FL 2.		2. 4 CIT	2. 4 CITY-ST-ZIP						
TITLE	S □ DELETE 31		3 1 TITL	31TITLE				☐ Ch	ange	Addition
NAME	SANTOS, BLANCA	vTOS, BLANCA 3.2		3.2 NAME						
STREET ADORE 3S	11111		33 STR	3 3 STREET ADDRESS		ess l				
CITY-ST-ZIP	MARK 51			3.4. CITY-ST-ZIP						
TITLE	***************************************	DELETE	4.1 TITL		1-21	<del></del>		□ CI	iange	Addition
NAME			4. 2 NAME					_	-	_
'-				4.2 NAME 4.3 STREET ADDRESS						
STREET ADDRE 3S						:55				
CITY-ST-ZIP			4 4 CITY-5		i-ZIP					
TITLE		☐ DELETE	5.1 TITL					☐ Ch	ange	Addition
NAME			5.2 NAME							
STREET ADDRE 3S			5.3 STR	5.3 STREET ADDRESS						
CITY-ST-ZIP	ξ.		5.4 CITY	5.4 CITY-ST-ZIP						
TITLE				6.1 TITLE					ange	Addition
NAME			6.2 NAM	ΙE						
			63 STR	FET	LADURE	285				

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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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.

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP