FILE NOW: FILING FEE IS \$61.25

NØNPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



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

DOCUMENT # N9400000588 (3)

JAMM PROJECT, INC.

Principal Place of Business Mailing Address 4821 N.W. 175TH TERRACE 4821 N.W. 175TH TERRACE MIAMI FL 33055 MIAMI FL 33055 2. Principal Place of Business 28 Mailing Address			DE .	3	Date Incorporated or Qualified 3a. Date of Last Report				
					02/04/1994		12/18/1995		
21 Principal P	race of Business	2a. Mailing Address			FEI Number	-1		Applied For	
Suite, Apt.	#. etc.	26 Suite Act # ata			55-0520780		Ш	Not Applicable	
22 City & State		Suite, Apt. #, etc.			. Certificate of Status Desired		\$8.75 Additional Fee Required		
23 Zip	Country	28	T		Election Campaign Financing Trust Fund Contribution		Adde	May Be ed to Fees	
24	25	Zip 29	Country	8	. This corporation has liability for in	tangible tax t	ınder s.	199.032,	
	9. Name and Address of Cu	urrent Registered Agent	30]	40	Fiorida Statutes Name and Address of New Re	Yes X No			
MIAMI FL 11. Pursuant i	175TH TERRACE 33055	0502 and 617.1508, Florida Statutes Florida. Such change was authorize Segtion 617.0503, Florida Statutes.	83 84 City	Sta eet Address (P 6255	Anley B. Lewis Co. Box Number Is Not Acceptable NW 7th Avenue Miami, submits this statement for the purplinectors. I hereby accept the appoint	FL		o Code B 1 50 egistered office agent. I am	
SIGNATURE	Xte la R	Lewin	E: Registered Agent signatur			4/26/	i		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTO	BS IN 12	
TITLE	PD	DELETE	1.1 TITLE	D			hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WALKER, JESSE 4821 N.W. 175 TERRACE MIAMI FL 33055		1.2 NAME 1.3 STREET ADDRES 1.4 City-St-zip	PASTO	THEUS YOUNG LESLIE DR. # 2. LANDALE, FL 33			_	
TITLE		DELETE	2.1 TITLE	δ	Series Series		Change	Addition	
NAME			2.2 NAME	FIDE	R DAVID PEMBERTOI 5-20 NW 156 STREE	າ <u>ຼີ</u>			
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2 4 CITY-ST-ZIP	0	PA-LOCKA, FL 33	J07.4			
TITLE		DELETE	3.1 TITLE				hange	Addition	
NAME STREET ADDRESS			3.2 NAME						
CITY-ST-ZIP			3.3 STREET ADDRESS	s					
TITLE		DELETE	3.4. CITY-ST-ZIP						
NAME		Macrese	4.1 TITLE				hange	Addition	
STREET ADDRESS			4 2 NAME	.					
CITY-ST-ZIP			4.3 STREET ADDRESS	s					
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	+					
NAME						[_] (:	hange	☐ Addition	
STREET ADDRESS			5.2 NAME	,					
CITY-ST-ZIP			5 3 STREET ADDRESS	° [40000184	9274	7		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 	05/28/960102	20 <u>29</u> _	haaa:	FT tare	
NAME			6.2 NAME		***70.00		hange	☐ Addition	
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			dic to VIO ka						
 I do hereby certify that oath; that I appears in 	certify that the information supplied the Information Indicated on this a am an officer or director of the co Block 12 or Block 3 if changed,	ed with this filing is voluntarily furnish innual report or supplemental annual orporation or the receiver or trustee e or on an attachment with an address	ed and does not ou	ualify for the e accurate and t ute this report	exemption stated in Section 119.07 that my signature shall have the sai as required by Chapter 617, Floric	(3)(k), Florida me legal effec da Statutes; a	Statute ot as if r and that	s. I further made under my name	

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR