

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002690 (4)

1. Corporation Name

JLM - HEADQUARTERS, INC.



400001873654
-06/24/96--01054--003
***70.00

Principal Place of Business: 2325 SALZEDO STREET CORAL GABLES FL 33134
Mailing Address: 2325 SALZEDO STREET CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report

2. Principal Place of Business: 21 713 Biltmore Way, Suite, Apt. #, etc.
22 City & State: Coral Gables, FL
23 Zip: 33134, Country: U.S.A.
24 25
2a. Mailing Address: 26 713 Biltmore Way, Suite, Apt. #, etc.
27 City & State: Coral Gables, FL
28 Zip: 33134, Country: U.S.A.
29 30

4. FEI Number: 65-0657889
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WICKER, VIVIANNE A
2325 SALZEDO STREET
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Kara MacCullough
82 Street Address (P.O. Box Number is Not Acceptable): 5300 First Union Financial Center
83 800 S. Biscayne Blvd.
84 City: Miami, FL
85 Zip Code: 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Kara MacCullough
Signature, typed or printed name of registered agent, or title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE:

12. OFFICERS AND DIRECTORS

TITLE: D	<input type="checkbox"/> DELETE
NAME: MOLL, SUSAN J	
STREET ADDRESS: 2325 SALZEDO STREET	
CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: BATTLE, HOLLY J	
STREET ADDRESS: 2325 SALZEDO STREET	
CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MORMAN, KATHLEEN	
STREET ADDRESS: 2325 SALZEDO STREET	
CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE: MacCullough, Kara	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE
NAME: Julia Rea Bianchi	
STREET ADDRESS: 4621 Fisher Island Drive	
CITY-ST-ZIP: Fisher Island, FL 33109	
TITLE: D	<input type="checkbox"/> DELETE
NAME: Vivianne Wicker Strausbaugh	
STREET ADDRESS: 6900 Granada	
CITY-ST-ZIP: Coral Gables, FL 33146	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS: 713 Biltmore Way	
1.4 CITY-ST-ZIP:	
2.1 TITLE: Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS: 713 Biltmore Way	
2.4 CITY-ST-ZIP:	
3.1 TITLE: Moorman, Kathleen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: 713 Biltmore Way	
3.4 CITY-ST-ZIP:	
4.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: MacCullough, Kara	
4.3 STREET ADDRESS: 713 Biltmore Way	
4.4 CITY-ST-ZIP: Coral Gables, FL 33134	
5.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan J Moll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/21/96
Daytime Phone #: (305) 443-0140

CR2E037 (12/95)

4/21/96