

FILED
Feb 27, 2002 8:00 am
Secretary of State

0283002 -AV

DOCUMENT # P01000084190			
1. Entity Name JAMG-TIRES CORP.			
Principal Place of Business 9805 NW 52 ST. APT 402 MIAMI FL 33178		Mailing Address 9805 NW 52 ST. APT 402 MIAMI FL 33178	
2. Principal Place of Business SAME Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MAZZA-MARTINEZ, TANIA A 782 NW 42 AVE, SUITE 637 MIAMI FL 33126			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEZ, JOSE 9805 NW 52 ST, APT 402 MIAMI FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPAYO DE MIGUEZ, MARIA 9805 NW 52 ST, APT 402 MIAMI FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEZ, JOSE ANTONIO 9805 NW 52 ST, APT 402 MIAMI FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEZ, NIKOSKA 9805 NW 52 ST, APT 402 MIAMI FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.04, F.S., if the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)