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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham`

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PORODODERRAR (1)

J.M. E		NICS CORP.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J (1)					
Principal Place of Business Mailing Address									
3777 EAST 4TH AVE 3777 EAST 4TH AVE									
HIALEAH FL 33013 HIALEAH FL 33013									
							DO NOT WRITE IN THIS SPA	4CE	
							3. Date Incorporated or Qualified		
2. Principal Place of Business 2a, Mailing Address							08/09/1993		
			<u>├</u> ──				4, FEI Number		oplied For
Suite, Apt.	# efc		26 Suite Ant	Suite, Apt. #, etc.			65-0430905		of Applicable Additional
22	, ,,, 010.		} − 1	27			5. Certificate of Status Desired		Additional equired
City & State City & State							6. Election Campaign Financing		May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip	ip Country		Zip	Zip Country		,	8. This corporation owes or has paid the curren	t year in	langible
24	25 29			30		Personal Property Tax due June 30. Yes No			
			irrent Registered Agen	t			10. Name and Address of New Registered Age	ent	
	edina, Jai				B1	Name			
3777 EAST 4TH AVE					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33013									
					83				
					84	City	_, 8	35 Zip i	Code
Discount to the contribute of Dealers con organization rule of							FL '		
11. Pursuant office or i	registered a	gent, or both, in the S	State of Florida. Such ch	ange was a	uthorized by	a-named cc ∕ the corpor	orporation submits this statement for the purpose of ch ration's board of directors. I hereby accept the appoin	anging it Iment as	registered
agent. I a	am familiar w	ith, and accept the c	obligations of, Section 60	17.0505, Flo	rida Statutes	S			Ť
SIGNATURE	Stonehae typer	1 ov prioted pame of registers	ed agent and tillo if applicable	(NOTE	· Registered Age	int signature (a)	quired when reinstating) DATE		
12.			AND DIRECTORS	(1012	13.	- It organization of	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	RS IN 12
TITLE	P			DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	MEDINA, JAIME				1.2 NAME				
STREET ADDRESS	DORESS 3777 EAST 4TH AVE				1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33013				1.4 CITY-ST-ZIP				
TITLE	VP □ DELETE			2.1 TITLE			Change	☐ Addition	
NAME	MEDINA, MARLENE			2.2 NAME					
STREET ADDRESS					2.3 \$TREET ADDRESS				
CITY-ST-ZIP	HIALEA	H FL 33013			2. 4 CITY - S	ST-ZiP			
TITLE	}		Ц	DELETE	3.1 TITLE			Change	Addition
NAME	1				3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS			.
CITY-ST-ZIP	 		 	OF LETE	3.4. CITY - S	ST-ZIP	·····	0 L	1229
TITLE			П	DELETE	4.1 TITLE			Change	Addition
NAME					4. 2 NAME				
STREET ADDRESS	;				4.3 STREET				
CITY-ST-ZIP TITLE			[7]	DELETE	4.4 CITY - ST	1-ZIP		Change	☐ Addition
	DELETE		5.2 NAME		,	Anarigo			
NAME STREET ADDRESS						1000000			P (
STREET ADDRESS					5.3 STREET	1			' 3·S
CITY-ST-ZIP TITLE				DELETE	5.4 CITY-ST	1 - ZIP		Change	Addition
NAME					6.2 NAME		60000244841		
STREET ADDRESS					6.3 STREET	ADDRESS	-03/05/9801082009		
City-St-7IP					64 City-Si		***158.00		

14. I hereby certify that the information supplied with this filling 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 logal 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

305-836-2021

FILED

Mar 05 1998 8:00am

Secretary of State