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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300063278 (4) JIMENES' HOUSE, INC.

## **FILED** Jun 18 1997 8:00am Secretary of State

Principal Plac 13872 S.W. 6 MIAMI FL 331	ST.	iS		13	Mailing Address 13872 S.W. 8 ST. MIAMI FL 33194-3033								
										3. Date Incorporated or Qual 09/10/1993		Date of Last F 5/01/1996	Report
2. Principal P	lace of Busi	ness		2a.	2a. Mailing Address					4. FEI Number		A	pplied For
21				26						65-0434985			ot Applicable
Suite, Apt.	#, etc.			-	Suite, Apt. #, etc.					5. Certificate of Status Desire	od 🗀	4	Additional
22 City & Stat	le.			27	City & State					& Flaction Community Finance			equired
23				28	28					6. Election Campaign Financi Trust Fund Contribution	ing	•	May Be to Fees
Zip	ip Country			1-01	Zip Country			,		8. This corporation has liability		<del> </del>	
24	25			29	30	30			Florida Statutes Yes No				
			idress of Curre	nt Regis	tered Agent	· · · · · · · · · · · · · · · · · · ·	Ĺ,	,		10. Name and Address of No	w Registered	Agent	
	enez, Jos						81	Na	ame				
	72 S.W. B				8			Str	reet Addre	ess (P.O. Box Number is Not Acc	eptable)		
MIA	MI FL 9318	<del>!4</del>								······································			
							83						
							84	Cit	ly		FL	<b>85</b> Zip	Code
11. Pursuant	to the provis	ions of f	Sections 607.05	02 and 6	07,1508, Florida Statu	ites, the a	bove	e-nar	med corp	oration submits this statement for		≠	ts registered
office or r	registered ac	jent, or t	both, in the Stat	e of Floric	da. Such change was f, Section 607.0505, F	authorize	d by	the	corporati	oration submits this statement for ion's board of directors. I hereby	accept the ap	pointment as	registered
SIGNATURE	III I <b>u</b> rijina	illi, biic	accopt the co.,	ganono c.	, 0000001 007.0000, 1	ROTICIA OTAL	0100	٥.					
SIGNATURE	Signature, typed	or printed	name of registered a	agent and title if applicable (NOTE Regis			d <b>Ag</b> e	ent sign	nature require	ed when reinstating)	DATE		
12.	OFFICERS AI			ND DIREC	13.	——————————————————————————————————————			ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	PD   JIMENEZ, JOSE A					1.1 TITLE					∐ Change	Addition	
NAME	13872 S.					1.2 N/							
STREET ADDRESS	MAMI FI							ADDR	ESS				
CITY-ST-ZIP TITLE	STO	. 0010	-		DELETE	1.4 Cl 2.1 10	~~~~	I - ZIP	<del></del>			☐ Change	Addition
NAME	JIMENEZ	. LISSE	:TTE		beec.	2.1 N	_			•		C Custiffe	- Addition
STREET ADDRESS	13872 S.							ADDR	500				
CITY-ST-ZIP	MIAMI FI							ST-ZIP					
TITLE					DELETE	3.1 Tr		31-211				Change	Addition
NAME					<del>-</del>	3.2 N/	ME						
STREET ADDRESS						3.3 St	REE1.	ADDR	ESS				
CITY-ST-ZIP						34 C	ITY-S	ST-ZIP	.				
TITLE					DELETE	4.1 TI	TLE					Change	Addition
NAME						4.2 N	AME		ļ				
STREET ADDRESS						4.3 ST	REET	ADDR	ESS				
CITY-ST-ZIP						4.4 Cf	TY-S1	T-ZIP					
TITLE					DELETE	5.1 7/1	TLE					Change	Addition
NAME						5.2 NA	ME						
STREET ADDRESS						53 ST	REET	ADDR	ES\$				
CITY-ST-ZIP			<del></del>		Devete	5.4 Ci		T-ZIP					
TITLE					DELETE	61 Til						L. Change	☐ Addition
NAME						6.2 NA							
STREET ADDRESS						€.3 ST	REET	ADDRE	iss				

14. I do 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 canual 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 receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame information indicated on this annual report or supplemental I am an officer or director of the period dition or the receipt appears in Block 12 or Block 13 is thanged, or on an all actions the period of the perio