

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072088 (6)

1. Corporation Name

J.M. 1362, INC.

Principal Place of Business

7010 BAMBO ST
MIAMI LAKES FL 33014

Mailing Address

7010 BAMBO ST
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1993	3a. Date of Last Report 08/15/1994
4. FEI Number 65-0444118	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Five Year Certificate of Status ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for escheatment fees under s. 193.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

GUILLEN, MARIO JR.
15855 MIAMI LAKEWAY NORTH
BUILDING 3, APARTMENT 453
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81. Name MARIO GUILLEN JR.
82. Street Address (P.O. Box Number is Not Acceptable) 17700 N.W. 85 AVE
83. City MIAMI
84. State FL
85. Zip Code 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of the registered agent or the corporation)

(Signature of the registered agent or the corporation)

DATE

12. OFFICERS AND DIRECTORS		13. ALL OTHERS (PARTIAL LISTING OF ALL OTHERS IS NOT ACCEPTABLE)	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
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TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), 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 in or by the corporation or its director 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 address.

SIGNATURE: **Juan J. Perez**
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR

6-30-95 305-526-6671

CR2004 (3/95)