

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 JUL -6 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **p93000076210**
1. Corporation Name

(2)

JM Garden Apartments Inc.

900001533009
-07/10/95--01011--014
****225.00 ****225.00

Principal Place of Business

Mailing Address

4521 SW 34th Ave

407 Lincoln Rd Suite 5 B

Ft. Lauderdale, Fl 33312

Miami Beach, Fl 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10-29-93

2. Principal Place of Business

2a. Mailing Address

21 **4521 SW 34th Ave**

26 **407 Lincoln Rd**

4. FEI Number

Applied For

Not Applicable

65-0458132

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 5B

City & State

City & State

23 **FT Lauderdale, Fl**

28 **Miami Beach, Fl**

Zip

Country

Zip

Country

24 **33312**

25 **usa**

29 **33139**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Julio Toro

4521 SW 34th Ave

Ft. Lauderdale, Fl 33312

81 Name **Bill Dijon**

82 Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Rd. Suite 5B

83

84 City

Miami Beach

FL

85 Zip Code
33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

06-20-95

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **Julio Toro**
STREET ADDRESS **4521 SW 34th Ave**
CITY-ST-ZIP **Ft Lauderdale, Fl 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-95

Date

249-9827

Telephone Number