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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## DOCUMENT # P9400060279 (4)

J.A.J. FINANCIAL MANAGEMENT GROUP CORPORATION

Principal Place 4651 NW 94 Pl MIAMI FL 3317		Mailing Address 3525 N.W. 7TH ST. MAMI FL 33125-4015			
				3. Date Incorporated or Qualified 08/16/1994	3a. Date of Last Report 10/02/1996
<u>⊢</u> .	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte. Apt. #. etc.		26		65-0513165	Not Applicable
22		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			<del></del>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	legistered Agent
	NSUELO, FALCON		81 Name		
	1 NW 97TH PLACE		<b>82</b> Street Ad	dress (P.O. Box Number is Not Accept	ab'e)
MIA	MI FL 33178		83		
$\cap$	. 0 .		03		
l (h)	Mariela Fall	M	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Stat	utes, the above named co	rporation submits this statement for the	purpose of changing its registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obt	te of Florida, Such change was	authorized by the corpor lorida Statutes	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE		FALCON	io idia dia dia dia dia dia dia dia dia di		4/16/97
	Signature, typed or printed name of registericles	gent accinticul applicable (No	JH: July slored Agent signature req	cuted when reinstaling)	DVIE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	CONSUELO, FALCON	[_] DELETE	11 TITLE		Change Addition
NAME Street address	4651 NW 97 PLACE		1.2 NAM{		
CITY-ST-ZIP	MIAMI FL 33178		1.3 STEELT ADDRESS		
TITLE		DELETE	1 < CHY+S1-ZIP 2 1 THLE	Company of the Compan	Change Addition
NAME		Дин	2.2 NAME		C Onlings C Accilion
STREET ADDRESS			2.3 SERFET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - 7/P		
TITLE		DELFIE	31101		Criange Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - 7IP		
TITLE		☐ DOLETE	4.1 THLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1Y - S1 - 70"		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		DELE IE	5 4 CHY-ST-ZIF		Observed Later
TITLE			6.1 HILE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET AUDRESS		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(r). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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 trusted 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.