FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000007115

1. Corporation Name
J. A. M. SERVICES INC.

Principal Place of Business:

Mailing Address:
1900 NW 55TH ST
MIAMI FLA 33142

3. Date Incorporated or Qualified: 1-23-95	3a. Date of Last Report: 1-23-95
4. FEI Number: 65-0506865	[ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [✓]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 1900 NW 55TH ST	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLA.	City & State 28
Zip 24 33142 Country 25 DADE	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~[illegible] M AMATO~~
FRANK VALLADARES
2955 SW 8TH ST SUITE 204
CORAL GABLES FLA.

10. Name and Address of New Registered Agent

81 Name: RAWN C. WILLIAMS SR
82 Street Address (P.O. Box Number is Not Acceptable): 1900 NW 55TH ST
83 MIAMI
84 City: FL 85 Zip Code: 33142

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: Rawn C. Williams DATE: 4-4-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	[✓] DELETE	1.1 TITLE	CEO/PRESIDENT [✓] Change [ ] Addition
NAME	PATRICE M. MATCHETT		1.2 NAME	RAWN C. WILLIAMS SR.
STREET ADDRESS	4410 NW. 201ST ST		1.3 STREET ADDRESS	1900 NW 55TH ST
CITY-ST-ZIP	MIAMI FLA. 33056		1.4 CITY-ST-ZIP	MIAMI, FLA. 33142
TITLE		[ ] DELETE	2.1 TITLE	VICE PRESIDENT SALES/MARKETING [ ] Change [✓] Addition
NAME			2.2 NAME	ROSIE SANDS
STREET ADDRESS			2.3 STREET ADDRESS	15305 SW 103RD PL
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI FLA. 33157
TITLE		[ ] DELETE	3.1 TITLE	SECRETARY/TREASURER [ ] Change [✓] Addition
NAME			3.2 NAME	JOHN CLAYTON
STREET ADDRESS			3.3 STREET ADDRESS	820 NW 76TH ST
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI FLA 33150
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	800001772278
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-04/08/96--01044--001
TITLE		[ ] DELETE	5.1 TITLE	***200.00 [ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	100001772281
TITLE		[ ] DELETE	6.1 TITLE	-04/08/96--01044--002 [ ] Change [ ] Addition
NAME			6.2 NAME	***8.75
STREET ADDRESS			6.3 STREET ADDRESS	48
CITY-ST-ZIP			6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Rawn C. Williams RAWN C. WILLIAMS SR 4/4/96 (305) 635-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)