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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500007115 (5)

J.A.M. SERVICES, INC.

ייטיואוי פ	ELIVIOLO, INO.			1			
Principal Place of Business Mailing Address					- I (UDINODI III IBIDI BILII DƏMĀ DOMI UDIN	ODIN OON NOON NEED NOON DIN 1981	
1900 NW 55TH ST. MIAMI FL 33142		1900 NW 55TH ST. MIAMI FL 33142-3040		the second			
					3. Date incorporated or Qualified 01/23/1995	3a. Date of Last Report 04/08/1996	
	incipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
	900 NW55-74 ST 26 SAM		<u>k</u>		65-0506865	Not Applicable	
Suite, Apt. #, etc. 22 M(AM) F-LA		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State	ity & State		6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in		
24 33/			30			Yes No	
1471	9. Name and Address of Current	Registerea Agent	81		10. Name and Address of New Reg	istered Agent	
TILLIANO, PATRI OR.				Vame			
1900 NW 55TH ST.			82	Street Addre	l Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33142			83				
			63				
			. 1 1	City		FL 85 Zip Code	
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							
office of registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with, and accept the obligations of, Spetion 607.0505, Florida Statutes.							
SIGNATURE 4	Kawa GWilliam	0/			3/2	27/99	
	Sibilature, typed or plinted name of registered agent	end@lic if applicable. (NOTE	Registered Agent s	signature require		DATE	
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	CEOP WILLIAMS, RAWN SR.	☐ DELETE	1,1 TITLE	Ì		Change Addition	
NAME	1900 NW 55TH ST.		1.2 NAME				
STREET ADDRESS	MIAMI FL 33142		1.3 STREET AD			<u>}</u>	
CITY-ST-ZIP TITLE	VP	DLLETE	1.4 CHY - ST - Z	'IP		Change Addition	
NAME	SANDS, ROSIE	பு மட்டா	2.1 TITLE	1		FT Anada FT Waddall	
	15305 SW 103RD PL.		2.2 NAME	DULCE			
STREET ADDRESS	MIAMI FL 33157		2.3 \$1R(11 Ab)	ſ			
CITY-ST-ZIP TITLE	ST	DELETE	2 4 CHY-SI-7 3.1 HILE	S	r:	Change Addition	
NAME	CLAYTON, JOHN	N. Detter	3.2 NAME		RNA SHUFORD	ווייס ווייס ווייס ווייס ווייס ווייס	
STREET ADDRESS	820 NW 76TH ST.		3.3 \$1REHT AD		121 N.W. 3RD AVE	i	
CITY-ST-ZIP	MIAMI FL 33153		3.4. CITY-S1-		AMI FLA. 33/50		
TITLE		DELETE	4.1 TIBLE		MIII 1- KMI 3373 U	Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	ORESS			
CITY-ST-ZIP			4.4 CITY - ST - Z	1			
TITLE		DELETE	5.1 THEE	·		Change Addition	
NAME		-	5.2 NAMI				
STREET ADDRESS			5.3 STREET AD	DRESS			
CITY-ST-ZIP			54 CHY-S1-Z	i i			
TITLE		DELETE	6.1 THLE			Change Addition	
NAME			6.2 NAME			Ì	
PTOTET ADDRESS			0.0000000000000000000000000000000000000	00100			

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 annual report is true and accurate and that my signature shall have the same logal 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 - 4 10 - 4 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 - 2 2 - 4 2 3 -