

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000010754 (6)

1. Corporation Name  
JOM INTERNATIONAL SYSTEM CORP.

Principal Place of Business  
~~999 PONCE DE LEON BLVD., SUITE 1015~~  
~~CORAL GABLES FL 33134~~  
8390 W FLAGLER STE 208  
MIAMI FL. 33144

Mailing Address  
999 PONCE DE LEON BLVD., SUITE 1015  
CORAL GABLES FL 33134-3047



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/08/1995	09/16/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied for
22	27	APPLIED FOR 65-0638505	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing	Trust Fund Contribution
24	29	<input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Country	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

URDANETA, JUAN V  
999 PONCE DE LEON BLVD., SUITE 1015  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JESUS M.O.	1.2 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1015	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME, YADIRA M	2.2 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1015	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIA, GERMAN P	3.2 NAME	VICE president
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1015	3.3 STREET ADDRESS	GERMAN PAIDOMO GARCIA
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	8340 W. FLAGLER STE 208
TITLE		4.1 TITLE	
NAME		4.2 NAME	MIAMI FL. 33144
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 in Attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)