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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000021793 (1)

JMF HOLDINGS, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 20 1998 8:00am Secretary of State



6135 NW 174 MIAMI FL 330	ATH TERRACE	6135 NW 174TH TERRACE MIAMI FL 33015			
	V-1	MICHIEL COOLS		DO NOT WI	RITE IN THIS SPACE
				3. Date Incorporated or Qualifi 03/17/1995	ed
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Y.U.	30x 144384	26 Y.D. BOX 14	14386	<del>-1</del> 65-0602304	Not Applicable
Sulte, Apt. 22 COM	il Bables, Fl.	Suite, Apt. #, etc.	les, F	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	" USDU	City & State	2/1	6. Election Campaign Financin	9 <b>\$5.00</b> May Be
23 331	14-4354	28 33114-438	59	Trust Fund Contribution	Added to Fees
Zip	Countil C C	Zip	Country	\	s paid the current year Intangible
24	25 USM	29 30	<u>or ~ ~ </u>	total trapatty take but	
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     Name     Name					
I ALLIO, LOIO III					
6135 NW 174TH TERRACE  B2 Street Add				et Address (P.O. Box Number is Not Acce	ptable)
MIAMI FL 33015					
ľ			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND (	DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	FALERO, LUIS M		1.2 NAME		
STREET ADDRESS	6135 NW 174TH TERRACE		1.3 STREET ADDRES	s	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	FALERO, ROSARY P		2.2 NAME		
STREET ADDRESS	6135 NW 174TH TERRACE		2.3 STREET ADDRES	s	
CITY-ST-ZIP	MIAMI FL 33015		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	s	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	s	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DEŁE <b>TE</b>	5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS	s	
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	s	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	ertily that the information supplied with	this filing does not qualify for th	ne exemption sta	ated in Section 119.07(3)(i), Florida Statute	s. 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 of the repover 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.					