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 # **P95000023348 (2)**

1. Corporation Name
JOMART SERVICE, INC.

Principal Place of Business
~~7070 N.W. 179 ST.~~
~~#103~~
~~MIAMI FL 33015~~

Mailing Address
~~7070 N.W. 179 ST.~~
~~#103~~
~~MIAMI FL 33015~~

2. Principal Place of Business
21 18890 NW. 57 Ave
Suite, Apt #, etc
22 304
City & State
23 Miami, FL
Zip
24 33015
Country
25 Dade

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
03/21/1995

3a. Date of Last Report

4. FEI Number
65-0259192
☐ 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

9. Name and Address of Current Registered Agent

L & I GALLO, INC.
~~1213 S.W. 120 WAY~~
~~DAVIE FL 33325~~

10. Name and Address of New Registered Agent
81 Name L & I Gallo, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1200 DANBURY AVE
83
84 City DAVIE FL 85 Zip Code 33325

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 X [signature] IVON GALLO Registered Agent 4/12/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MARTINEZ, JOHN J	
STREET ADDRESS	~~7070 N.W. 179 ST., #103~~	
CITY-ST-ZIP	~~MIAMI FL 33015~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	MARTINEZ, JOHN J.	
1.3 STREET ADDRESS	18890 NW. 57 Ave #304	
1.4 CITY-ST-ZIP	Miami, FL 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: X [signature] President 4/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John J. Martinez

CR2E034 (12/95)