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Mar 12 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 # P95000063358 (2)

1. Corporation Name

JEMEFIRONIC HOUSING & CONSULTING SERVICES INTERN
ATIONAL, INC.

Principal Place of Business

6144 NORTHWEST 11TH STREET
SUNRISE FL 33313

Mailing Address

6144 NORTHWEST 11TH STREET
SUNRISE FL 33313-6116



3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2300 W Sample Rd

Suite, Apt. #, etc.

22 202

City & State

23 Pompano Beach

Zip

FL

Country

25 33073

2a. Mailing Address

26 2300 W Sample Rd

Suite, Apt. #, etc.

27 202

City & State

28 Pompano Beach

Zip

FL

Country

30 33073

4. FEI Number

65-0610995

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ROY DAN

82 Street Address (P.O. Box Number is Not Acceptable)

1901 SW 31 AVE

83

84 City

PEMBROKE PARK

FL

85 Zip Code

33009

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 of officer or director of corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/97

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DAN, ROY R
STREET ADDRESS 6144 NORTHWEST 11TH STREET
CITY-ST-ZIP SUNRISE FL 33313

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 on Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

954-964-8910

Daytime Phone #

CR2E034 (9/96)