

FILED

Feb 10 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000063358 (2)**  
1. Corporation Name  
**JEMEFIRONIC HOUSING & CONSULTING SERVICES INTERN  
ATIONAL, INC.**

Principal Place of Business	Mailing Address
2300 WEST SAMPLE ROAD STE 202 POMPANO BEACH FL 33073 US	2300 WEST SAMPLE ROAD STE 202 POMPANO BEACH FL 33073 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt #, etc		Suite, Apt #, etc	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>		<b>29</b>	
<b>25</b>		<b>30</b>	
<b>3. Name and Address of Current Registered Agent</b>			

<b>DAN, ROY</b> <b>1901 SW 31ST AVE.</b> <b>PEMBROKE PARK FL 33009</b>	<b>81</b>	Name
	<b>82</b>	Street Address
	<b>83</b>	
	<b>84</b>	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to the name set forth above. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS	13.	
TITLE	<b>PSTD</b> <b>DAN, ROY R</b> <b>6144 NORTHWEST 11TH STREET</b> <b>SUNRISE FL 33313</b>	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME			1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>08/16/1995</b>		
4. FEI Number <b>65-0610995</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Name and Address of New Registered Agent		

FL 85 Zip Code

14. I 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 an attachment with an address.

**SIGNATURE:**

ROS: DAN

02/02/98

CR2E034 (10/97)