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 # P95000071659 (3)

JOMAR, INC.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Mar 02 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address					
8567 CORAL WAY STE 300 MIAMI FL 33155 US		8567 CORAL WAY STE 300 MIAMI FL 33155 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
03		00			09/18/1995		
2. Principal Place of Business 21 2867 SW 69 CT 28. Mailing Address 26					4. FEI Number 65-06177.13	Applied For Not Applicable	
Suite, Apt #, etc. Suite, Apt #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 MIAMI FL		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 3315	Country 25 VSA	7ψ 29	Country 30	1	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	ered Agent	
RO	DRIGUEZ, JORGE A		61	Name			
7721 SW 62 AVE STE 201			62	Street Add	ldress (P.O. Box Number is Not Acceptable)		
S MIAMI FL 33143			63				
			84	City		85 Zip Code	
				'		FL	
office or r agent. I a SIGNATURE	<i>CYX</i> YY <i>Y</i>				poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered	
12.		VD DIRECTORS	13.	on agretore requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	P DELETE		1.1 TITLE			Change Addition	
NAME	ALONSO, JOE		1.2 NAME				
STREET ADDRESS	13249 NW 9TH LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY -	ST-ZIP			
TITLE	DELETE 2.1		2.1 TITLE			Change Addition	
NAME			2 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2 4 City- 31 Title	ST-ZIP		Change Addition	
TITLE		Clotter	32 NAME			City of the City o	
NAME STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP			3 4. CiTY-	i .			
TITLE		DELETE 4.1 T				Change Addition	
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	440		4.4 CITY-	ST-ZIP			
TITLE	DELETE 5.1		5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		0.00	
TITLE]	☐ DELETE	6.1 TITLE			Change Addition	

6.2 NAME

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 epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee epipowered to keep the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer of the corporation of t

6.3 STREET ADDRESS