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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90013 044 ***150.00

P95000072495 DOCUMENT

1. Corporation Name

JMV SERVICES, INC.

Principal Place of Business

Mailing Address

4303 N.W. 7TH STREET, SUITE C MIAMI FL 33126

4303 N.W. 7TH STREET. SUITE C

MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 09/20/1995				
District Oh	2a. Mailing Address	ress			-4-EEI Number	-:	= = App	lied:For-	-	
	ace of Business-	26				65-0607976		Not	Applicable	
21 Suite, Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ac			
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23	Country Zip Col					Trust Fund Contribution			1.003	
Zip .				try		8. This corporation owes the current year Intangible				
24			<u>」</u>			Personal Property Tax. Yes And 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent					Nome	10. Name and Address of New Registe	iicu my	B111	~	
VIZOSO, JUAN M					Name Street Addre	ess (P.O. Box Number is Not Acceptable)				
4303 N.W. 7TH STREET, SUITE C				Dilett Addicto (1.5. Do. Names to the start of the start						
MIAM	Al FL 33126	•	. 83							
				Į	City		FL	85 Zip C		
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 epplicable. (NOTE: Registe OFFICERS AND DIRECTORS				igitatoro required	ADDITIONS/CHANGES TO OFFICER	SAND	DIRECTO	RS IN 12	ξ
12.					$\neg au$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition	7
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CITY-ST-ZIP				6.4 CITY-ST-ZIP				 _		J

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 suppliemental 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 eceiver 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 attemption with an address, with all other like empowered.

SIGNATURE: