

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085663 (9)

1. Corporation Name

JOMA INSURANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8917 SW 12TH ST MIAMI FL 33174 US		Mailing Address P.O. BOX 523523 MIAMI FL 33152 US	
2. Principal Place of Business 21 9725 Fortainebleau Blvd Suite, Apt. #, etc. 22 210 City & State 23 Miami FL Zip 24 33172 Country 25 USA		26. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	
3. Date Incorporated or Qualified 11/07/1995		4. FEI Number 65-0618790 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RUIZ, JOSE M 8917 S.W. 12TH STREET MIAMI FL 33174		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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 applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ, JOSE M			1.2 NAME			
STREET ADDRESS	% 8917 S.W. 12TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ, JOSE M JR			2.2 NAME			
STREET ADDRESS	% 8917 S.W. 12TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ, NIMIA V			3.2 NAME			
STREET ADDRESS	% 8917 S.W. 12TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ-GALI, ANA L			4.2 NAME			
STREET ADDRESS	% 8917 S.W. 12TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Jose M Ruiz Sr 04/22/98 (205) 2679440

CR2E034 (10/97)