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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091936 (1)

JME ENTERPRISES, INC.

Mailing Address

Principal Place of Business

TITO DELLODOVE OD

FILED Apr 29 1997 8:00am Secretary of State



PEMBROKE PINES FL 33023		PEMBROKE PINES FL 33023-2626					
					3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Re 05/01/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26			65-0628076	No	t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23			Count		Trust Fund Contribution		
Zip	25	29	30	'y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24 	9. Name and Address of Currer		1301		10. Name and Address of New Registered Agent		
SIVE	RIO, E		8	1 Name		·	
7179 PEMBROKE RD				82 Street Address (P.O. Box Number is Not Acceptable)			
	BROKE PINES FL 33023		ľ	Z Siredi Add	bress (F.O. Box Number is Not Acceptab	le)	
\$. (8	3			
			8	4 City		or 7in (Code
			-	1 ***		FLII	ŀ
11. Pursuant office or r agent. I a SIGNATURE	Copsin				poretion submits this statement for the p ation's board of directors. I hereby accep		s registered registered
311	Signature, typod or printed name of registered ag	ent and title if applicable (NO	II Registered A	gent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	S (N. 10
ITITLE	DP OFFICERS AN	DELETE	1.1 101.0		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	VILLAMIZAR, NELLY M	section	1.2 NAM				
STREET ADDRESS	4004 ON AOTH AVE 4000			ET ADDRESS			
CITY-ST-ZIP	DENDROVE DINES EL 00000			- \$1 - ZIP			
TITLE	DT	DELETE	2.1 THE			Change	☐ Addition
NAME			2.2 NAM	E			
STREET ADDRESS	1921 SW 69TH AVE #202		2.3 STREET ADDRES				
CITY-ST-ZIP	DEMODAVE DINEC EL COACO		2. 4 CIT	'- S1 - ZIP			
TITLE			3 1 7111			Change	Addition
NAME	MENDOZA, MARIA E		3.2 NAV	E			
STREET ADDRESS	1921 SW 69TH AVE #202		3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33023			'-\$T-2(P			
TITLE		☐ DELETE	4.1 THE			L Change	Addition
∮NAME			4. 2 NAN				
STREET ADDRESS				ET ADDRESS			
'CITY-ST-ZIP		T bertre		- ST - 7IP		Chargo	Addition
TITLE		☐ DELETE	5.1 TITL			L Change	Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DEVE16	5 4 CHY 6 1 THL	- ST - ZIP		Change	Addition
NAME		[DELET	62 NAM			வக்கு	
STREET ADDRESS	:		•	ET ADDRESS			
CITY-ST-ZIP			64 CITY				
[.0111-01-41			0.70111	O 10			

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 eath; 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.