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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004790 (7)

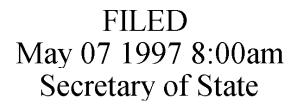
J J G M BLOCK INC.

Principal Pla	ace of £	3usiness

Mailing Address

44042 N.W. SOO TESSACE

11047 N.W. SRD TERRACE





MIAMI FL 33172				IAMI FL 33172-9									
									3. Date Incorporated or Qualified 01/14/1996	3a. Da	te of La	st Rep	oort
2. Principal Pla	ace of Busines	35	2a.	. Mailing Addre	SS			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			App	lied For
21			26						65-0673712			Not a	Applicable
Suite, Apt #	f, etc		27	Suite, Apt. #,	etc.				5. Certificate of Status Desired			5 Ad e Requ	ditionat ulred
City & State			28	City & State		-			Election Campaign Financing Trust Fund Contribution			00 M	lay Be Fees
Ζφ 24	25	Country	29	Zip	30	ountry	'		This corporation has liability for Elorida Statutes	ntangible Yes [_	ler s. 1	99.032,
<u>1</u>		nd Address of Currer		stered Agent	1551				10. Name and Address of New Re	gistered	Agent		
GOM	IEZ, JOSE					81	7	Name					
1104	7 N.W. 3RD	TERRACE				82	1	Street Addre	ess (P.O. Box Number is Not Acceptat	ile)			
MIAN	AI FL 33172					83	-	·· ···································					
						L	ļ.,	O14.			- IAE I	Zio Ca	ndo.
						84		City		FL		Zip Co	
SIGNATURE		nt, or both, in the State, and accept the oblig							oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)	of the app	ointmen	it as re	egistered
12.		OFFICERS AN			11	3.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS	IN 12
TILE	D			DE	LETE 1.1	TITLE					Cha	nge	☐ Addition
NAVE	GOMEZ, JO	OSE			1.3	NAME							
STREET ADDRESS	11047 N.W	. 3RD TERRACE			1.3	STREET	AD	ODRESS					
COY-SI-7IP	MIAMI FL 3	33172			1.4	CITY-S	31-2	ZIP					
THLE	D			☐ DE	LETE 2.1	TITLE					☐ Cha	nge	Addition
NAM:	POVEDA, J				2.2	NAME							
STREET ADDRESS		. 3RD TERRACE			2.3	STAEET	AD	DRESS					
City - St - ZIP	MIAMI FL S	33172		DE		4 CITY-	ST-	ZIP			Cha		Addition
THEE				[] VE		TITLE						iige	
NAME						NAME		DOLCC.					
STREET ADDRESS						STREET 1. CITY-:							
City St 20°				DE		I TITLE	31.	Zir		·~	Cha	nge	Addition
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STHEET ACCURESS						STREET		ODRESS					
CHY-ST ZIP					4.4	CITY-S	ST-2	ZIP					
THILE				☐ DE		1 TITLE		1			☐ Cha	nge	Addition
NAMŧ					5.3	2 NAME							
STREET ADDRESS					5.3	3 STREET	T AC	DDRESS					
CHY-ST-ZIP						4 CITY - S	ST-	ZIP					
MLE				☐ DE	LETE 6	TITLE					Cha	uūe	Addition
NAME					6	2 NAME							
STECEL ADDRESS					6.	3 STREET	T AC	DDRESS					
City+S1 ZiF	_,					4 CITY-S			C- 0	- باد ا	* 00-13f ·	the t	
A A Lab. Land	المطاف كالممصيي	ha intermedian numbir	arl mith t	thic filing done i	not austifu for t	ho ove	m	intion etated	Lin Section 119 07/3)(i) Elorida Statute	es i fuirtha	r certity	th tent	18

I do ne ceby certify that the information supplied with this tiling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. 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:

INTED NAME OF BIGNING OFFICER OR DIRECTOR

305-220-8624