

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008177 (3)
 1. Corporation Name
JAIMES APPLIANCE REPAIRS INC.



Principal Place of Business 2575 S.W. 27 AVE., STE. 514 514 MIAMI FL 33133 US	Mailing Address 2575 S.W. 27 AVE., STE. 514 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 NW 32nd Place Suite, Apt. #, etc. 22 S-106 City & State 23 Miami, Florida Zip 24 33125 Country 25 USA	2a. Mailing Address 26 600 NW 32nd Place Suite, Apt. #, etc. 27 S-106 City & State 28 Miami, Florida Zip 29 33125 Country 30 USA
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3. Date Incorporated or Qualified 01/23/1996	4. FEI Number 65-0689551	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MONSERRAT, SIXTO JR.
2575 S.W. 27 AVE.
SUITE 106
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTS <input checked="" type="checkbox"/> DELETE
NAME	SIXTO MONSERRAT
STREET ADDRESS	2575 SW 27TH AVE 514
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIXTO MONSERRAT
1.3 STREET ADDRESS	600 NW 32ND PLACE #106
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33125
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Sixto Monserrat Jr* / *Sixto Monserrat Jr* 3/14/98 (305) 285-8957

CP2E034 (10/97)