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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000013070 (3)

1. Corporation Name  
JOMMACA INTERNATIONAL, INC.



Principal Place of Business  
201 ALHAMBRA CIRCLE #711  
CORAL GABLES FL 33134

Mailing Address  
201 ALHAMBRA CIRCLE #711  
CORAL GABLES FL 33134-5108

3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
4. FEI Number 65-0643367	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 8082 CLEARY BOULEVARD
22 City & State	27 # 2801
23 Zip	28 PLANTATION, FL.
24 Country	29 33324
25	30 BROWARD

9. Name and Address of Current Registered Agent  
**RAPPORT, STEPHEN R**  
 201 ALHAMBRA CIRCLE #711  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	<b>DIANORA MADRID</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8082 CLEARY BOULEVARD # 2801</b>
83	
84 City	<b>PLANTATION</b>
85 Zip Code	<b>FL 33324</b>

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 *Stephen Rapport* DATE **01-30-97**  
Signature required for registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MADRID, DIANORA</b>	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE #711</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>REGISTER AGENT</b>	<input checked="" type="checkbox"/>
NAME	<b>RAPPORT, STEPHEN R</b>	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE # 711</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL. 33134</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>SECRETARY-TRESEUR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>JOSE MIGUEL MADRID</b>		
1.3 STREET ADDRESS	<b>8082 CLEARY BOULEVARD # 2801</b>		
1.4 CITY-ST-ZIP	<b>PLANTATION, FL. 33324</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 Miguel Madrid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)