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Jan 21 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 # P96000015306 (9)

1. Corporation Name
JM ENTERPRISES OF BONAVENTURE, INC.

Principal Place of Business
431 LAKEVIEW DRIVE
#204
FT. LAUDERDALE FL 33326

Mailing Address
431 LAKEVIEW DRIVE
#204
FT. LAUDERDALE FL 33326-2444



2. Principal Place of Business
21 JM Enterprises of Btre, Inc.
Suite, Apt. D/B/A One Low Price Cleaners
22 8509 Pines Blvd.
City & State Pembroke Pines, FL 33024
23
Zip Country
24 25 29 30

3. Date Incorporated or Qualified 02/19/1996
3a. Date of Last Report N/A
4. FEI Number 65-0646413
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name CHARLES E JEWETT CPA PA
82 Street Address (P.O. Box Number is Not Acceptable) 2435 HOLLYWOOD BLVD #204
83
84 City HOLLYWOOD FL 85 Zip Code 33020

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

C. JEWETT

1/10/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OROZCO, JORGE C	
STREET ADDRESS	% 431 LAKEVIEW DRIVE, SUITE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OROZCO, MARIA L	
STREET ADDRESS	% 431 LAKEVIEW DRIVE, SUITE 204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, whichever is applicable, or on an attachment with an address.

SIGNATURE:

MARIA L. OROZCO (owner)

1-10-97

Date

Daytime Phone #

CR2E034 (9/96)