

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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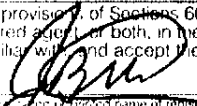
DOCUMENT # P 96000018500
1. Corporation Name
JMB Insurance Corp.

Principal Place of Business Mailing Address
631 SW 102nd Ave
Miami FL 33174-1821

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 631 SW 102nd Ave		26 631 SW 102nd Ave.		2/28/96	-
22 Suite Apt. #, etc.		27 Suite Apt. #, etc.		4. FEI Number	Applied For
23 City & State Miami FL.		28 City & State Miami FL.		65-0651736	Not Applicable
24 Zip 33174		29 Country USA.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country USA.		30 Zip 33174		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26 Country USA.		31 Zip 33174		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Jose M. Bulnes 631 SW 102nd Ave. Miami FL. 33174-1821		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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:  JOSE M. BULNES 5/9/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE ☐ DELETE		11.1 TITLE ☐ Change ☐ Addition	
11.2 NAME Jose M. Bulnes		11.2 NAME	
11.3 STREET ADDRESS 631 SW 102nd Ave		11.3 STREET ADDRESS	
11.4 CITY-ST-ZIP Miami FL. 33174		11.4 CITY-ST-ZIP	
12.1 TITLE ☐ DELETE		12.1 TITLE ☐ Change ☐ Addition	
12.2 NAME		12.2 NAME	
12.3 STREET ADDRESS		12.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		12.4 CITY-ST-ZIP	
13.1 TITLE ☐ DELETE		13.1 TITLE ☐ Change ☐ Addition	
13.2 NAME		13.2 NAME	
13.3 STREET ADDRESS		13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	
14.1 TITLE ☐ DELETE		14.1 TITLE ☐ Change ☐ Addition	
14.2 NAME		14.2 NAME	
14.3 STREET ADDRESS		14.3 STREET ADDRESS	
14.4 CITY-ST-ZIP		14.4 CITY-ST-ZIP	
15.1 TITLE ☐ DELETE		15.1 TITLE ☐ Change ☐ Addition	
15.2 NAME		15.2 NAME	
15.3 STREET ADDRESS		15.3 STREET ADDRESS	
15.4 CITY-ST-ZIP		15.4 CITY-ST-ZIP	
16.1 TITLE ☐ DELETE		16.1 TITLE ☐ Change ☐ Addition	
16.2 NAME		16.2 NAME	
16.3 STREET ADDRESS		16.3 STREET ADDRESS	
16.4 CITY-ST-ZIP		16.4 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x Jose M. Bulnes

Date

Daytime Phone #

CR2E034 (9/96)

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-05/30/97--01034--028
***165.00