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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018500 (4)

Country

JMB INSURANCE CORP.

r micipal r lace of	Dusiness	
631 SOUTHWEST	102ND AVE	NUE

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

21

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

631 SOUTHWEST 102ND AVENUE MIAMI FL 33174

FILED Mar 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

02/28/1996 FEI Number

65-0651736

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip	Country	Zip	Cov	Country			8. This corporation owes or has paid the current year Intangible		
4	25	29	30	0			Personal Property Tax due June 30. X Yes No		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
BULNES, CARLOS			81	Name			ł		
631 SW 102ND AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)						
Mi	MIAMI FL 33174-1821								
				83				ł	
				84	City		FI 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		· · · · · · · · · · · · · · · · · · ·							
12.	Signature, typed or printed name of registered agent a OFFICERS AND I		TE: Registere	d Age	nt signature	required (when reinsteling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OFFICERS AND I	DELETE	1.1 7	TIE				dition	
NAME	BULNES, JOSE M	☐ occe.r.	1.1 1. 1.2 N				Li crango Li Ar	1	
STREET ADDRESS	631 SOUTHWEST 102ND AVEN	N IF			ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174	IV.		TY-\$1	- 1				
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NAME			6.2 N/					ł	
STREET ADDRESS			1		ADDRESS			-	
CITY-ST-ZIP	partity that the information unpolled with	this filing does not qualify t	6.4 Ci			d in So	action 119 07/3Vi) Florida Statutes I further certify that the informa-	tion	
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 applemental 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 for the receiver or trustees 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.									

Jose M. Bulnes

Country