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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

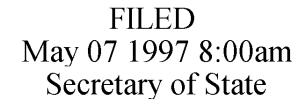
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000027448 (5)

J.M.B.M. CORPORATION

18751 NE 9 AVENUE APT. 608	16751 NE 9 AVENUE APT. 608
NORTH MIAMI BEACH FL 33162	North Miami Beach Fl 33162-2532
Principal Place of Business	Mailing Address





18751 NE 9 AVENUE APT. 608 NORTH MIAMI BEACH FL 33162		16751 NE 9 AVENUE APT. 608 NORTH MIAMI BEACH FL 33162-2532								
						3. Date Incorporated or Qualified 03/28/1996	3a. Date of	Last Re	eport	
2. Principal Pl	ace of Business	2a, Maling Address	. Maling Address			4. FEI Number 65-0654513	e / 2 Applied For			
21		26	- <del></del>			165-0627212		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	,	City & State	Try & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Ζφ	Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30			r- · · · · ·		Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered Agent		04		10. Name and Address of New Re	gistered Agen	1		
	INCOURT, JOSE M			81	Name					
18751 NE 9 AVENUE APT. 608 North Miami Beach Fl 33162					Street Addi	ress (P.O. Box Number is Not Acceptab	le)			
				83						
				84	City		FL 85	Zip (	Code	
office or re	o the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change	was authorized	d by	the corporat	ocration submits this statement for the p tion's board of directors. Thereby accep	ourpose of char of the appointm	nging its ient as	s registered registered	
SIGNATURE	Signature, typed or pretest name of registered a	igent and their applicable	(NOTE begissere	i Age	រាវ ទស្សនាម <mark>ែល ខេ</mark> ឡាន	rod when reinstating)	DAH			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		,		ď
TITLE	PSD	☐ DELF				í	[_] (	Change	Addition	Įġ
NAME	BETANCOURT, JOSE M				j					15
STREET ADDRESS					ADDRESS					Ŭ
CITY-ST-ZIP TITLE	NORTH MIAMI BEACH FL 33	DELE			I - ŽiP		———	Change	Addition	ļĝ
NAME		21				Civilia Civilia				
STREET ADDRESS					ADDRESS -					
CITY-ST-ZIP					31 - 71P					
TITLE								Change	Addition	1
NAME			3.2 N	AML						1
STREET ADDRESS			3 3 \$3	rren 1	ADDRESS					
CITY-ST-ZIP			340	1Y - S	ST ZP					
TITLE		☐ OLLE	TE 41*1	ΙLΕ				Change	Addition	
NAME			4 2 N	AM						
STREET ADDRESS			438	IREET	ADUPESS					
CITY-ST-ZIP					7 - 71P				ा <b>र्ग ठ</b> ङ	
TITLE	DELETE 51						Change	Addition		
NAME		521				•				
STREET ADDRESS		63.51			ADDRESS					
CITY-ST-ZIP		Tyr+r			1 70'			Change	Addit on	+
TITLE		L DELF					LJ 1	andrige:	F"4 Whote our	
NAME			6.2 Ni		ADDOOR 5					
STREET ADDRESS					ADDRESS					
CiTY-ST-ZIP	we control that the information conve	and with this films sizes we		nye nye	1-ZE	d in Section 119.07(3)(i) Florida Statute	e I further cort	ify that	the	

16. 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 certify attoin or the occurrence or trustee empowered to execute this report as required by Chapter 607, florida Statutes, and that my name appears in Block 12 or Block 12 if clyinged or only all actiment with an address.

CALATURE TO TAIL

J-77.97. (305)653-5846