

Mar 14 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 # P96000029452 (5) 1. Corporation Name J & M TRUST CORP.			
Principal Place of Business		Mailing Address	
3900 WEST FLAGLER ST. MIAMI FL 33134		3900 WEST FLAGLER ST. MIAMI FL 33134-1608	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 Country		29 Country	
g. Name and Address of Current Registered Agent			
RUIZ, MARIA V 3900 WEST FLAGLER ST. MIAMI FL 33134			81 Name
			82 Street Address
			83 City
			84 State
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>Maria Ruiz</i>		SIGNATURE <i>Maria Ruiz</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required)	
12. OFFICERS AND DIRECTORS			
TITLE	PSD	<input type="checkbox"/> DELETE	
NAME	RUIZ, MARIA V		
STREET ADDRESS	3900 W. FLAGLER ST.		
CITY - ST - ZIP	MIAMI FL 33134		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	LAVIN, MARIA		
STREET ADDRESS	3900 W. FLAGLER ST.		
CITY - ST - ZIP	MIAMI FL 33134		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	RUIZ, GERONIMO		
STREET ADDRESS	3900 W. FLAGLER ST.		
CITY - ST - ZIP	MIAMI FL 33134		
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			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
		13.	
		1.1 TITLE	
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		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.