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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

CR2E034

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000059782 (8)

appears in Block 12 or Block 13 if changed, or on an attachme

**SIGNATURE** 

## JAIMAR ENTERPRISE CORPORATION

Principal Place of Business Mailing Address 7391 SOUTHWEST 16 STREET 7391 SOUTHWEST 16 STREET MIAMI FL 33155-1503 **MIAMI FL 33155** 3. Date incorporated or Qualified 3a. Date of Last Report 07/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0684475 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip  $Z_{\rm IP}$ Country B. This corporation has liability for intangible taxunder s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name AMERILAWYER CHARTERED MARIANA LOPEZ 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 5.w. 83 84 City Zip Code 33/55 MIAMI 507, 3:08, Figrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of Section 507,0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the agent, I am I milital with, and accept the ations of Section MARIANA L Loper SIGN (NOTF: Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition 1.1 TITLE TITLE LOPEZ, JAIRO NAME 12 NAME 7391 SOUTHWEST 16 STREET 1.3 STREET ADDRESS STHELT ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY - S\* - ZIP DELETE Change Addition 2.1 TITLE TITLE LOPEZ, MARIANA L 2.2 NAME NAME 7391 SOUTHWEST 16 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33155 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THEF 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP CITY-SI ZIP DELETE Change Addition 41 TITLE THE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP COY- \$1-ZIF Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ACCURESS **5 3 STREET ADDRESS** 5.4 CITY-ST-ZIP Offy-St-ZiP Addition DELETE Change 6.1 TITLE THLE 6.2 NAME NAM 6.3 STREET ADDRESS 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 it am an officer or director of the corporation or the receiver or truptee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name