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 # P96000083653 (1)

JSL COMPUSERVE, INC.

Principal Place of Business Mailing Address

FILED May 19 1998 8:00am Secretary of State



8881 SW 142N MIAMI FL 3316		8881 SW 142ND AVE #7- Miami Fl 33186	25	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 10/07/1996	S SPACE
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0698592	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	. t t	Country 30	This corporation owes or has paid the corporate Property Tax due June 30.	72 Yes □ No □
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
~ 88 8	MEZ, MAURICIO 1 SW 142ND AVE ≢7-25 9 MI FL 33186	010 SW 137, Ste 212 miami R3;		ddress (P.O. Box Number is Not Acceptable)	
			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					
	Signature, typed or printed name of register of agent OFFICERS AND		: Registered Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
12.	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AS	Change Addition
NAME	GOMEZ, MAURICIO		1.2 NAME		
STREET ADDRESS	8881 SW 142ND AVE #7-25		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	NINO, BLANCA S		2.2 NAME		
STREET ADDRESS	8881 SW 142ND AVE #7-25		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY - S1 - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	44 CiTY - ST - ZiP		Change Addition
TITLE		[1] nere ie	5 1 TITLE		T Custide T Votation
NAME Street address			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CHY-ST-ZIP 6 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP		

14. Thereby 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 em 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 attaching my man address.