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 # P96000085713 (1)
1. Corporation Name

JOMANYSE & ASSOCIATES, INC.



97 AUG 11 AM 10: 25

SECREDARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business BOS1 NW 76TH AVE		Mailing Address 3031 NW 78TH AVE						
1						T. 6- D-1-	(1 a - 1 D	
					3. Date Incorporated or Qualified 10/15/1996	3a. Date of	Last He	pon
.2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For
21		26			65-0385783 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					8.75 A	dditional
22		27			5. Certificate of Status Desired	ы.	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing	5	5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for			199.032,
24	25	29	30			Yes 12 N		
<u> </u>	9, Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Re	gistered Ager	<u> 1t</u>	
	DRYES, MARTINE			81 Name	>ahoth K I	3013- Zi		ر ا
	NW 78TH AVE		ŀ	82 Street Addr	ress (P.O. Box Number is Not Acceptate	ole)		
HOL	LYWOOD FL 33024			3031	N.W. '78th All	enice_		
				83	•			;
kg.	•		}	84 City //	, ,	85	Zip C	Code
e i				Hold	ממפטיקה	-L	7.75	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the at	ove-named corp	oration submits this statement for the p	ourpose of cha	nging its	s registered
office or r	egistered agent, or both, in the State im familiar with) and accept the obliga	of Florida, Stich change was a ations of, Section 607.0505, Flo	numbrized orida Stat	o by the corporal utes:	tion's board of directors. Thereby acce	ot trie appointr	nem as	registereti
SIGNATURE	1994	•						
BIGHATORE				Agent signature requi-		DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELFTE	1.1 10	ſĘ		U	Change	Addition
NAME	LABORDE, LUCIEN	•		ME				· [
STREET ADDRESS	875 NW 213TH LANE #201		1.3 ST	REET ADDRESS				.
CITY-ST-ZIP	MIAMI FL 33169		1.4 01	IY-\$1- Z IP				
TITLE	VD	☐ DELETE	2.1 111	LF		LJ	Change	L Addition
NAME	JEAN-LOUIS, K. ELIZABETH		2.2 NA	ME				
STREET ADDRESS	3031 NW 78TH AVE		2.3 \$1	REET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33024		2. 4 CI	TY-ST-21P				
TITLE	VID	DELETE	3.1 T(1	LF			Change	Addition
NAME	LONGCHAMP, GEORGETTE		3.2 NA	ME				
STREET ADDRESS	3031 NW 78TH AVE		3.3 S1	REET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33024		3.4. C	TY-ST-ZIP				
TITLE	D	DELFTE	4.1 30	Ίξ			Change	Addition
NAME	THEVENIN, MITCHELL	•	4. 2 N	AME	2000022 -08/14/	2666	92.	
STREET ADDRESS	12740 SW 62ND TERRACE		4.3 ST	REET ADDRESS	-08/14/	.āv010	33I	U14
CITY-ST-ZIP	MIAMI FL 33183		4.4 Ci	TY-51-21P	****16			65.00
TATLE	80	DELETE	5.1 111	LF			Change	Addition
NAME	VENDRYES, MARTINE	•	5.2 NA	ME				
STREET ADDRESS	6800 HARDING ST		5.3 ST	reet address				
CITY-ST-ZIP	HOLLYWOOD FL 33024		5.4 CI	IY-ST-ZIP				
TITLE		☐ DELETE	6.1 Trī	LE			Change	Addition
NAME			6.2 NA	.ME				
STREET ADDRESS			6.3 \$T	REET ADDRESS				
2	1							/ # /\ /

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.