

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

**FILED**

**May 01 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 # P96000092822 (1)**

1. Corporation Name  
**JM OF MIAMI, INC.**



Principal Place of Business: **601 BRICKELL KEY DRIVE STE 805 MIAMI FL 33131**  
Mailing Address: **601 BRICKELL KEY DRIVE STE 805 MIAMI FL 33131-2649**

3. Date Incorporated or Qualified: **11/13/1996**  
3a. Date of Last Report: **FIRST REPORT**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. <b>601 BRICKELL Key Drive</b>	26. <b>601 BRICKELL Key Drive</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. Suite, Apt. #, etc. <b>Suite 805</b>	27. Suite, Apt. #, etc. <b>Suite 805</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State <b>MIAMI</b>	28. City & State <b>MIAMI</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip <b>33131</b> Country <b>U.S.A.</b>	29. Zip <b>33131</b> Country <b>U.S.A.</b>		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>ALLEN &amp; GALEGO 601 BRICKELL KEY DRIVE STE 805 MIAMI FL 33131</b>	81. Name <b>GERARDO A. VAZQUEZ, ESQ</b>
	82. Street Address (P.O. Box Number is Not Acceptable) <b>601 BRICKELL Key Drive</b>
	83. <b>Suite 805</b>
	84. City <b>MIAMI</b> FL 85. Zip Code <b>33131</b>

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]* DATE: **4/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President JOSE MEDICO</b>	1.2 NAME	
STREET ADDRESS	<b>601 BRICKELL Key Drive</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary JOSE MEDICO</b>	2.2 NAME	
STREET ADDRESS	<b>SAME ADDRESS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAME ADDRESS</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR JOSE MEDICO</b>	3.2 NAME	
STREET ADDRESS	<b>SAME ADDRESS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAME ADDRESS</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **JOSE MEDICO** (305) 372-33

CR2E034 (9/96)