

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortland  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PG6000092822**  
1. Corporation Name: **JM OF MIAMI INC.**

Principal Place of Business: **MIAMI**  
Mailing Address: **10814 SW 152 PL  
MIAMI FL 33196**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  
21. Suite, Apt. #, etc.  
22. City & State: **MIAMI FL**  
23. Zip: **33196** Country: **USA**  
24. Zip: **33196** 25. Country: **USA**

2a. Mailing Address:  
26. **10814 SW 152 PL**  
27. City & State: **MIAMI FL**  
28. Zip: **33196** Country: **USA**  
29. Zip: **33196** 30. Country: **USA**

3. Date Incorporated or Qualified

4. FEI Number: **65-0746513**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SAME**

10. Name and Address of New Registered Agent  
81. Name: **JOSE MEDICO**  
82. Street Address (P.O. Box Number is Not Acceptable): **10814 SW 152 PL**  
83.  
84. City: **MIAMI** FL 85. Zip Code: **33196**

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]* (Signature of Current Registered Agent) (Signature of New Registered Agent, required when registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSE MEDICO</b>	
STREET ADDRESS	<b>10814 SW 152 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSE MEDICO</b>	
STREET ADDRESS	<b>SAME</b>	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**900002517639**  
**-05/08/98--01092--037**  
**\*\*\*150.00**

14. I hereby certify that the information supplied by this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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; that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in the Florida Department of State address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **04-14-98** Daytime Phone: **305-385 4430**

CR2E034 (10/97)