

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 24 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000097508 (1)**

1. Corporation Name
JAMAX INTERNATIONAL, INC.

Principal Place of Business 13814 S.W. 149 CIRCLE LANE MIAMI FL 33186	Mailing Address 13814 S.W. 149 CIRCLE LANE MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/03/1996 4. FEI Number 65-0712899 029286323 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3a. Date of Last Report Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees N/A
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9. Name and Address of Current Registered Agent

CLARK, JACK
13814 S.W. 149 CIRCLE LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	700002252987--2
84 City	-07/30/97--01100--004 ****165.0PL****165.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JACK	1.2 NAME	
STREET ADDRESS	13814 S.W. 149 CIRCLE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MAXINE	2.2 NAME	
STREET ADDRESS	13814 S.W. 149 CIRCLE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 **JACK CLARK** *JACK CLARK* **7/14/97** **700002252987--2**

CR2E034 (4/97)

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JAMAX INTERNATIONAL, INC.

13814 S.W. 149 Circle Lane
Miami, Florida 33186
Telephone: (305)238-2637

July 18, 1997

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: ANNUAL REPORT
JAMAX INTERNATIONAL, INC.

P96000097508 (1)

Dear Sir/Madam:

We refer to 1997 Profit Corporation Annual Report (2nd Notice) packet, received on July 16, 1997.

This is to confirm that your department was notified by telephone on July 18, 1997, that the first notice was not received by us, and that the undersigned was advised to return the completed packet with a payment of \$165.00, a check for which is enclosed.

JAMAX INTERNATIONAL, INC. has not transacted any business since its inception. It owns no assets and has no resources. As such, the officers would not knowingly incur the additional expense of \$385.00 in late fees.

Please accept our payment of \$165.00 in good faith. We will, in future, call the department if our report packet is not received by the end of March each year. Our business will be out of its shell very soon. We do not want it dissolved.

Thank you for your kind assistance and understanding.

Yours sincerely,

JAMAX INTERNATIONAL, INC.


MAXINE B. LEVY
Secretary