

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

FILED
May 08 1998 8:00 am
Secretary of State

DOCUMENT # P97000037747
1. Corporation Name J.M.B Holdings Inc.

Principal Place of Business J.M.B. Holdings Inc.
4019 22nd Ave N.
St. Petersburg, FL 33713
Mailing Address J.M.B Holdings Inc.
4019 22nd Ave N.
St. Petersburg, FL 33713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same as above Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Same as above Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 4/22/97 4. FEI Number 59-3458887 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Name and Address of Current Registered Agent

Louis Leouis
3530 1st Ave N.
Suite 109
St. Petersburg, FL 33713

10. Name and Address of New Registered Agent

81 Name Angeline Pittaras
82 Street Address (P.O. Box Number is Not Acceptable)
4019 22nd Ave N.
83
84 City St. Petersburg FL 85 Zip Code 33713

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 Angeline Pittaras Angeline Pittaras 4/28/98
Signature typed or printed name of registered agent and title if applicable (If Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. Marcos Mondejay Bendahan <input type="checkbox"/> DELETE	1.1 TITLE	D Marcos Mondejay Bendahan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3530 1st Ave N. #109	1.2 NAME	4019 22nd Ave N.
STREET ADDRESS	St. Petersburg, Florida 33713	1.3 STREET ADDRESS	St. Petersburg, FL 33713
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Jacob Bendahan <input type="checkbox"/> DELETE	2.1 TITLE	D Jacob Bendahan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3530 1st Ave N. #109	2.2 NAME	4019 22nd Ave N.
STREET ADDRESS	St. Petersburg	2.3 STREET ADDRESS	St. Petersburg, FL 33713
CITY-ST-ZIP		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 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: Jacob Bendahan 4/28/98 813-321-5263
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/97)