

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91113 021 ***150.00

DOCUMENT # P99000023678
1. Entity Name
JPM INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9300 N.W. 58 Th St.	3. Mailing Address Same
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. Same
City & State Miami, Florida	City & State Same

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0899189	Applied For Not Applicable
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Zip 33178	Country U.S.A.	Zip Same	Country Same
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JUAN A. DEL PINO
Street Address (P.O. Box Number is Not Acceptable) 10981 N.W. 73 Rd Terrace
City Miami FL Zip Code 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/24/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Juan A. Del Pino 10981 N.W. 73 rd. Terrace Miami, Fl. 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Juan A. Del Pino** President **04/24/2002** **(305) 436-0998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)