

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S22854** (1)

1. Corporation Name  
**JED MOLDS OF MIAMI, INC.**



Principal Place of Business: 10100 NW 116 WAY SUITE 7 MIAMI FL 33178-8162  
Mailing Address: 10100 NW 116 WAY SUITE 7 MIAMI FL 33178-8162

3. Date Incorporated or Qualified: 01/07/1991  
3a. Date of Last Report: 03/22/1995  
4. FEI Number: 65-0234657  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Subj. Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25  
29. Country: 30

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

**10. Name and Address of New Registered Agent**

**JUSTAMANTE, DANIEL**  
5860 W 12 AVE  
HIALEAH FL 33012

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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]* DANIEL JUSTAMANTE TREASURER 1/22/96 DATE

**12. OFFICERS AND DIRECTORS**

TITLE: D	NAME: JUSTAMANTE, JUAN	STREET ADDRESS: 15121 CARVOCK PLACE	CITY-STATE-ZIP: MIAMI LAKES FL	<input type="checkbox"/> DELETE
TITLE: VD	NAME: GORRIN, GREGORIO E.	STREET ADDRESS: 16730 NE 80 COURT	CITY-STATE-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: STD	NAME: JUSTAMANTE, DANIEL	STREET ADDRESS: 5860 W. 12 AVE.	CITY-STATE-ZIP: HIALEAH FL	<input type="checkbox"/> DELETE
TITLE: S	NAME: GEORGE, OPILA	STREET ADDRESS: 8759 SW 53 ST.	CITY-STATE-ZIP: COOPER CITY FL	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* GEORGE OPILA 1/22/96 DATE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GEORGE OPILA Secretary

CR2E034 (12/95)