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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S27867

(8)

JDH ADM. SERVICES INC

Principal Plac	e of Business	Mailing Add	dress							
PO BOX 575			PO BOX 575	5						
HIALEAH FL 3	3011		HIALEAH FL	33011						
							3. Date Incorporated or Qua	alified 3a.	Date of Last R	enort
							01/28/1991	1	1/22/1996	
2. Principal P	lace of Business		2a. Mailing	Address		······································	4. FEI Number	<u>Y</u>		oplied For
21			26				65-0237250		No	ot Applicable
Suite, Apt. #. etc.			Suite, Aj	pt. #, etc.			5. Certificate of Status Desir	red 🔲	\$8.75	
22			27	·····			5. Continuate of Status Desir		Fee Re	guired
City & State			City & S	tate			6. Election Campaign Financing \$5.00 May Be			
23		No 4	28		1 0		Trust Fund Contribution	<u> </u>	Added	
Zip	├	Country	Zip		Countr	у	8. This corporation has liabi			. 199.032,
24	25 9 Name and	Address of Currer	29 t Registered Ag	ent	30		Florida Statutes 10. Name and Address of N	Yes Lew Registers	∐ No	
ucc					81	Name	(O, Table and Addition of the	ion nogistore	ra rigorit	
	redia, Jorge D 8 SW 124 Plac									
–	o 311 124 FLAG MI FL 33184	E			83	Street Add	dress (P.O. Box Number is Not Ad	:ceptable)		
MIN	MI FL 33 104				83	3			 	
										,, ,
					84	City		F	85 Zip (Code
11. Pursuant	to the provisions of	of Sections 607 050	2 and 607.1508,	Florida Statut	tes, the above	re-named cor	rporation submits this statement for	or the purpose	of changing it	s registered
office or r	registered agent, o	or both, in the State	of Florida, Such	change was a	authorized b	y the corpora	ation's board of directors. I hereb	accept the a	ppointment as	registered
	mir terriman vings, ent	orticespi are early	MIGHS OF DECISION	007.0000, 11	Orida Statute	ra.				
SIGNATURE:	Signature typed or prait	ed name of registered age	int and the Tappicable	(NOT	E: Registered A	jent signature requ	ured when reinstating)	DATE		·····
12.		OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 12
Tille	D			DELETE	11 TITLE				Change	Addition
NAME	HEREDIA, JOI				1.2 NAME					
STREET ADDRESS	1428 SW 124	PLACE			1.3 STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL			····	1.4 CITY	ST-ZIP				
TITLE			L	DELETE	21 TITLE				L Change	Addition
NAME					2 2 NAME					
STREET ADDRESS					2 3 STREE	T ADDRESS				
CITY - ST - ZIP				Locuere	2 4 CITY	-ST - ZIP			T 1 a	- P-1
TOLE			L.	DELETE	3 1 TITLE				Change	☐ Addition
NAME					3 2 NAME	- 1				
STREET ADDRESS					1	T ADDRESS				
CITY - ST - ZIP TITLE				DELETE	3.4. CITY 4.1 TITLE	· S1 - ZIP			Change	Addition
NAME			L	parett	4.1 THUE 4.2 NAMI				LL Charge	Navillori
STREET ADDRESS						T ADDRESS				
CHTY-ST-ZIP					4.3 STREE	1				
TITLE				DELETE	51 TITLE	31-211			Change	Addition
NAME				•	5.2 NAME					
STREET ADDRESS					1	T ADDRESS				
CHTV - ST - ZIP					5.4 CITY	1				
TITLE			Ţ	DELETE	6.1 TITLE				Change	Addition
NAME					6.2 NAME					
STREET ADDRESS					6 3 STREE	T ADDRESS				
CITY - \$1 - ZIP					6 4 CITY-					
14. I do herei	by certify that the i	nformation supplie	d with this filing d	loes not quali	ly for the ex	emption state	ed in Section 119.07(3)(i), Florida at my signature shall have the sar	Statutes I furt	her certify that	the
Lamian o	fficer er director of	f the corporation or	the receiver or tr	ustee empow	vered to exe	cute this repo	ort as required by Chapter 607, Fi	iorida Statutes	; and that my r	iame
appears i	n Block 12 or Bloc	k 13 if changed, o	r on an attachmei	nt with an add	aress.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Jan 21 1997 8:00am

Secretary of State