FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S56499** **(4)**

1. Corporation Name

JMH INTERNATIONAL INC.

Principal Place of Business	Mailing Address
130 NE 163 ST MIAMI BEACH FL 33162 US	130 NE 163 ST MIAMI BEACH FL 33162 US

3. Date Incorporated or Qualified: **05/17/1991**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0282341** ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21 2355 COLLINS AV	28
22 Suite, Apt. #, etc.	27 Suite, Apt.#, etc. SAME
23 City & State: MIAMI BCH., FL	28 City & State:
24 Zip: 33139 25 County: DADE	29 Zip: 30 Country

9. Name and Address of Current Registered Agent

TAVERAS, LUIS
110 SOUTH SHORE DRIVE
#4D
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SAME

84 City **FL** 85 Zip Code

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: Required if Agent is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	TAVERAS, Luis	☒ Change ☐ Addition
NAME	TAVERAS, LUIS		1.2 NAME	130 S. SHORE DR. #5D	
STREET ADDRESS	110 SOUTH SHORE DR #4D		1.3 STREET ADDRESS	MIAMI, FL. 33141	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TAVERAS, FLOR DEMARIA		2.2 NAME	TAVERAS, FLOR DE MARIA	
STREET ADDRESS	110 SOUTH SHORE DR #4D		2.3 STREET ADDRESS	130 S. SHORE DR. #5D	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33141	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: FLOR DEMARIA TAVERAS 3-25-96 534-6331

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #