FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S71202 (3)

1. JMC ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4388 FT LAUDERDALE FL 33338	P.O. BOX 4388 FT LAUDERDALE FL 33338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 04/15/1994

4. FEI Number: 65-0281551 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CABRAL, JOSEPH M. 1061 NW 74TH WAY PLANTATION FL 33313	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 Section 607.325, 607.1008, 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. The address to be maintained as the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
Title	SPDT	☐ Change ☐ Addition
Name	CABRAL, JOSEPH M.	
Street Address	1061NW 74TH WAY	
City-State-Zip	PLANTATION FL	
Title	VP	☐ Change ☐ Addition
Name	BETTENCOURT, AGOSTINO	
Street Address	7561 MADEIRA COURT	
City-State-Zip	MIRAMAR FL	
Title	VP	☐ Change ☐ Addition
Name	BETTENCOURT, CARLOS	
Street Address	6441 SW 18TH ST	
City-State-Zip	MIRAMAR FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I hereby certify that the information supplied with this report, including any required attachments, is true and accurate and that this report is executed in accordance with the applicable provisions of the 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 12 or Block 13 with an asterisk (*) or is indicated as an addition.

SIGNATURE: Agostino Bettencourt
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR

5/4/95

566-2442
TELEPHONE NUMBER

0434720 FP