SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # V46673

JMCS, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

(2)

FILED Sep 23 1998 8:00am Secretary of State



9115198

Principal Place	e of Business	Mailing Address		
1320 S DIXIE HWY		1320 \$ DIXIE HWY		
SUITE 830		SUITÉ 830		DO NOT WRITE IN THIS SPACE
CORAL GABLES FL 33146		CORAL GABLES FL 33146		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				06/23/1992
2 Principal Di	lace of Business	2a. Mailing Address		4. FEI Number Applied for
	Ponce De Leon Blvd.	26 2800 Ponce D	a Leon Blud	
21 2800 Suite, Apt.		Suite, Apt. #, etc.	e Deon Biva	\$8.75 Additional
	1125	27 Suite 1125		5. Certificate of Status Desired L
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
	Gables, Florida	28 Coral Gables	. Florida	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33134	USA	29 33134	30 USA	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registered Agent
BREIER, ROBERT G. 81 Name Robert G. Breier, Esg.				
4000 O DIVIE LIND				Robert G. Breier, Esq. ddress (P.O. Box Number is Not Acceptable)
SUITE 830				2800 Ponce De Leon Blvd.
CODAL CARLES EL 224AG				
Surce				Suite 1125
			B4 City	Coral Gables FI 85 Zyp Code 33134
44 Pursuant to the provision of sections 607 0502 and 607 1508 Elavida Statutas the above named cornoration submits this statement for the purpose of charging its registered				
office or r	registered agent, prooth in the State o	Florida, Such change was a	authorized by the corpo	ration's board of directors. I hereby accept the application as registered
		pas or, section our coop, ric	onua Sialules.	7/9/98
SIGNATURE.	Signature, type printed name of registered agent a	and trite of applicable (NO	OTE: Registered Agent signature	o required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE.	Change Addition
NAME	BLOCK, JENNIE WEISS		1.2 NAME	
STREET ADDRESS	1320 S DIXIE HWY #830		1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., Suite 1125
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		DELETE	2.1 TITLE	Change [] Addition
NAME			2.2 NAME	
PTOLE 1 ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITL€	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZiP			3.4 CHTY-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-S1-2IP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	•
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		p 1	6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby ce	ertify that the information supplied with the	nis filing does not qualify for t	ne exemption stated in	section 119.07(3)(i), 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 this 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.				