

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # V50049

(8)

95 MAY - 1 AM 5:27

1. Corporation Name:

JMZM CORPORATION

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**390 N.W. 2ND STREET
#412
MIAMI FL 33128**

**390 N.W. 2ND STREET
#412
MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1992

3a. Date of Last Report
04/13/1994

4. FFI Number
65-0346625

Approved 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

26

Suite Apt. # etc.

Suite Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLEGAS, JULIO F.
390 N.W. 2ND STREET
#412
MIAMI FL 33128**

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 607.0305 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0305, Florida Statutes.

SIGNATURE

E. Wert

Wiegman

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	VILLEGAS, JULIO
STREET ADDRESS	390 N.W. 2ND ST #412
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	GARCIA, SERGIO
STREET ADDRESS	1475 WEST 39TH PL #201
CITY, ST, ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	EMMANUEL WERT
7. STREET ADDRESS	233 East 49th ST
8. CITY, ST, ZIP	Hialeah - FL 33012
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 113.07(3)(b), Florida Statutes. I further certify that this 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 of this filing, or in an attachment with an address.

SIGNATURE:

E. Wert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

Date

Signature Number: 4