

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 839909 (9)**

1. Corporation Name  
**JAMBALAYA COMPANY, N.V. INC.**



Principal Place of Business <b>3400 ONE BISCAYNE TOWER                  2 S. BISCAYNE BLVD.                  MIAMI FL 33131</b>	Mailing Address <b>3400 ONE BISCAYNE TOWER                  2 S. BISCAYNE BLVD.                  MIAMI FL 33131-1808</b>
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2. Principal Place of Business 21 <b>104 Crandon Boulevard</b> Suite, Apt. #, etc. 22 <b>#300</b> City & State 23 <b>Key Biscayne, Florida</b> Zip Country 24 <b>33149</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>104 Crandon Boulevard</b> Suite, Apt. #, etc. 27 <b>#300</b> City & State 28 <b>Key Biscayne, Florida</b> Zip Country 29 <b>33149</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>01/23/1978</b>	3a. Date of Last Report <b>03/01/1996</b>
4. FII Number <b>98-0039121</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC  
 3400 ONE BISCAYNE BLVD.  
 2 S. BISCAYNE BLVD.  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name  
**Richards, Attorneys At Law**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2665 South Bayshore Drive**  
 83 **Suite #900**  
 84 City **Miami,** FL 85 Zip Code **33133**

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 *Timothy D. Richards* (Print Name) **Timothy D. Richards** (Print Name)  
 Registered Agent Signature Required when registering. **2/17/97**

12. OFFICERS AND DIRECTORS

TITLE	MP	<input type="checkbox"/> DELETE
NAME	SUMMONTE L, SALVATORE	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCKENNA, JOY	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SUMMONTE DE REISMAN, ROBERTA	
STREET ADDRESS	2 S. BISCAYNE BLVD, #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	S. DE SAN CLAUDIO, STEFANIA	
STREET ADDRESS	2 S BISCAYNE BLVD, #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOZZUTO, JOHN E.	
STREET ADDRESS	2 S BISCAYNE BLVD, #3400	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	MP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SUMMONTE L., SALVATORE	
13 STREET ADDRESS	104 CRANDON BOULEVARD, #300	
14 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MCKENNA, JOY	
23 STREET ADDRESS	104 CRANDON BOULEVARD, #300	
24 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
31 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TIMOTHY D. RICHARDS	
33 STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, #900	
34 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
41 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SUMMONTE DE REISMAN, ROBERTA	
43 STREET ADDRESS	104 CRANDON BOULEVARD, #300	
44 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
51 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	S. DE SAN CLAUDIO, STEFANIA	
53 STREET ADDRESS	104 CRANDON BOULEVARD, #300	
54 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the 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 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: *Suzanne McKenna* **2/12/97 (305)361-2555**

CR2E034 (9/96)