

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00** <sup>23405</sup> <sup>B-1531-C</sup>

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 24 AM 11:14**

**DOCUMENT # L41842 (0)**  
1. Corporation Name  
**J B CAPITAL MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**% ROBERT J. PUCK** **% ROBERT J. PUCK**  
**9350 SOUTH DIXIE HIGHWAY, SUITE 900** **9350 SOUTH DIXIE HIGHWAY, SUITE 900**  
**MIAMI FL 33156** **MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

|   |         |                     |         |   |                                |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business  |         | 25. Mailing Address |         | 3. Date Incorporated or Qualified                     | 3a. Date of Last Report        |
| 21  | 22      | 26                  | 27      | 01/11/1990  | 04/14/1994                     |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc. |         | 4. FEI Number   | Applied For                    |
| City & State  |         | City & State        |         | 65-0168856  | Not Applicable                 |
| 24  | 25      | 29                  | 30      | 5. Certificate of Status Desired                      | \$8.75 Additional Fee Required |
| Zip   | Country | Zip                 | Country | <input type="checkbox"/>                              |                                |
| 9. Name and Address of Current Registered Agent   |         |                     |         | 10. Name and Address of New Registered Agent          |                                |
| PUCK, ROBERT J.<br>9350 SOUTH DIXIE HIGHWAY, SUITE 900<br>MIAMI FL 33156  |         |                     |         | 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 607.0502 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**  
Signature: typed or printed name of registered agent and his or her address (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | ST                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PUCK, ROBERT J.          | 1.2 NAME  |   |
| STREET ADDRESS             | 9350 SOUTH DIXIE HY S900 | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MIAMI FL                 | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | PD                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLANK, JEROME            | 2.2 NAME  |   |
| STREET ADDRESS             | 9350 SOUTH DIXIE HY S900 | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MIAMI FL                 | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME  |   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                          | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME  |   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                          | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                          | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                          | 6.4 CITY- ST- ZIP                                     |   |

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 130.07(1)(b), Florida Statutes. I further certify that the information included 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 in person; 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 changing, or on an attachment with an address.

**SIGNATURE:** **Robert J. Puck, Sec-Treas.** **305-670-2277**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR