

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63221 (0)**

1. Corporation Name

JAMIE SHOOP & ASSOCIATES, INC.



Principal Place of Business	Mailing Address
2720 CORAL WAY 5TH FLOOR MIAMI FL 33145 US	2720 CORAL WAY 5TH FLOOR MIAMI FL 33145 US

2. Principal Place of Business	2a. Mailing Address
21 1080 N.W. 163rd Dr. Suite, Apt. #, etc.	26 1080 N.W. 163rd Dr. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Miami, FL	28 Miami, FL
24 Zip 33169	29 Zip 33169
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	3a. Date of Last Report
03/29/1990	05/01/1995
4. FEI Number	Applied For
65-0193628	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

STOLAR, DAVID M
1350 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHOOP, JAMIE	1.2 NAME	Shoop, Jamie
STREET ADDRESS	1525 CALAIS DRIVE	1.3 STREET ADDRESS	1080 N.W. 163rd Drive
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BAKULA, GUILLERMO	2.2 NAME	Bakula, Guillermo
STREET ADDRESS	1525 CALAIS DRIVE	2.3 STREET ADDRESS	1080 N.W. 163rd Drive
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(3)(k) 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 or person 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 (305) 620-3600
DATE TIME PHONE #

CR2E034 (12/95)