

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

**FILED**

**Feb 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000080783 (2)**  
1. Corporation Name  
**JERIS WORLDWIDE INC.**



Principal Place of Business: **1380 NE MIAMI GARDEN DR. SUITE 210 N. MIAMI BEACH FL 33179**

Mailing Address: **1380 NE MIAMI GARDEN DR. SUITE 210 N. MIAMI BEACH FL 33179-4709**

3. Date Incorporated or Qualified: **11/23/1993**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business

21 **21150 BISCAYNE BLVD**

22 **STE 302**

23 **AVENTURA, FL**

24 **33180** 25 **DADE**

26 **21150 BISCAYNE BLVD**

27 **STE 302**

28 **AVENTURA, FL**

29 **33180** 30 **DADE**

4. FEI Number: **52-1913147**

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

9. Name and Address of Current Registered Agent

**FRAYND, GERMAN**  
**1380 NE MIAMI GARDENS DR.**  
**SUITE 210**  
**N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name: **FRAYND, GERMAN**

82 Street Address (P.O. Box Number is Not Acceptable): **21150 BISCAYNE BLVD.**

83 **STE 302**

84 City: **AVENTURA, FL** 85 Zip Code: **33180**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAYND, GERMAN MD</b>	1.2 NAME	<b>FRAYND GERMAN</b>
STREET ADDRESS	<b>1380 MIAMI GARDENS DR., SUITE 210</b>	1.3 STREET ADDRESS	<b>21150 BISCAYNE BLVD. STE.</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>	1.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAYND, PAUL MD</b>	2.2 NAME	<b>FRAYND, GERMAN</b>
STREET ADDRESS	<b>1380 MIAMI GARDENS DR., SUITE 210</b>	2.3 STREET ADDRESS	<b>21150 BISCAYNE BLVD.</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>	2.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
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 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:  **GERMAN FRAYND** 2/3/97 305 9310504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)