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, PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Daylime Phone 4

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000029769 (2)

JACOBI INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1111 LINCOLN ROAD, STE. 500 1111 LINCOLN ROAD, STE. 500 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-2481 3. Date Incorporated or Qualified 3a, Date of Last Report 04/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For X Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Ζιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEUERMAN, JONATHAN 1111 LINCOLN ROAD, STE. 500 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,12 (96/6)13. Addition DELETE Change TITLE 1.1 TITLE FEUERMAN, JONATHAN CHRISTIAN RASCH 1.2 NAME NAME SUITE ISOS 1111 LINCOLN ROAD, STE. 500 BOD CLAURHTON ISLAND 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 FL 33131 CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TULE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE 5.1 TITLE THUE 5.2 NAME 200002168792 NAME -05/07/97--01002--002 STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - 7(P 5.4 CITY-ST-ZIP 44-166.00 DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. To 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 eath; 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.

CHRISTIAN RASCH