

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90005 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000038173

1. Corporation Name

JIU-JITSU SELF-DEFENSE SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 888 BRICKELL KEY DRIVE STE 506 MIAMI FL 33131	Mailing Address 888 BRICKELL KEY DRIVE STE 506 MIAMI FL 33131
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3. Date Incorporated or Qualified 04/28/1998	
4. FEI Number 65-0833879	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 17070 Collins Ave.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 1409	Suite, Apt. #, etc. 27
City & State 23 Sunny Isles, FL	City & State 28
Zip 24 33160	Country 25 USA
Country 29	Zip 30

9. Name and Address of Current Registered Agent BELEFER, GEORGE ESQ 888 BRICKELL KEY DRIVE STE 506 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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.

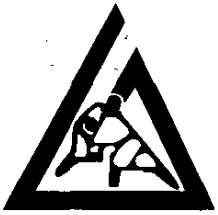
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTSON, JAMES		1.2 NAME Robertson, James	
STREET ADDRESS 888 BRICKELL KEY DR, STE 506		1.3 STREET ADDRESS 21205 Yacht Club Dr. #1409	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP MIAMI, FL 33180	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALENTE, PEDRO		2.2 NAME Valente, Pedro	
STREET ADDRESS 888 BRICKELL KEY DR, STE 506		2.3 STREET ADDRESS 17070 Collins #269	
CITY-ST-ZIP MIAMI FL 33131		2.4 CITY-ST-ZIP Sunny Isles, FL 33160	
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 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: _____ DATE: **9/01/99** (305) **354-2060**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)



GRACIE
JIU-JITSU

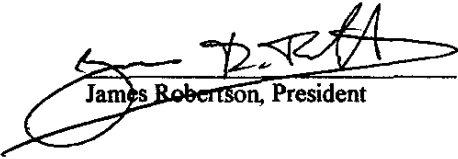
P98000038173
612416-90005-8

Sean Toner
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner,

I attaching this letter to inform you that my company, Jiu-Jitsu self-defense System, never received an annual report on the mail.

Sincerely,


James Robertson, President