

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G02531** (3)

J. Corporation Name

**J.S.K. INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

**1847 NW 21 ST  
MIAMI FL 33142  
US**

**1847 NW 21 ST  
MIAMI FL 33142  
US**

3. Date Incorporated or Qualified  
**09/20/1982**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUPERMAN, JORGE S  
2905 PRAIRIE AVE.  
MIAMI BEACH FL 33140**

81 Name  
**KUPERMAN, Jorge S.**

82 Street Address (P.O. Box Number is Not Acceptable)

**1847 NW 21st Street**

83

84 City

**Miami**

FL

85 Zip Code  
**33142**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **KUPERMAN, JORGE SERGIO**  
STREET ADDRESS **2905 PRAIRIE AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DP** ☐ DELETE  
NAME **KUPERMAN, JORGE S.**  
STREET ADDRESS **2905 PRAIRIE AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DV** ☐ DELETE  
NAME **KUPERMAN, IRMA A.**  
STREET ADDRESS **2905 PRAIRIE AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **KUPERMAN, JORGE SERGIO**  
1.3 STREET ADDRESS **1847 NW 21st. STREET**  
1.4 CITY-ST-ZIP **MIAMI, FL. 33142**

2.1 TITLE **DP** ☒ Change ☐ Addition  
2.2 NAME **KUPERMAN, JORGE S.**  
2.3 STREET ADDRESS **1847 NW 21st. STREET**  
2.4 CITY-ST-ZIP **MIAMI, FL. 33142**

3.1 TITLE **DV** ☒ Change ☐ Addition  
3.2 NAME **KUPERMAN, IRMA A.**  
3.3 STREET ADDRESS **1847 NW 21st. STREET**  
3.4 CITY-ST-ZIP **MIAMI, FL. 33142**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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

Date

Daytime Phone #

**04-17-96 (305) 545-6277**

CR2E034 (12/95)