

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # PA7000008988
 1. Corporation Name: **J.D. Brokers, Inc.**

Principal Place of Business: **J.D. Brokers, Inc. 6767 Collins Ave #409 Miami Beach FL 33141**

Mailing Address: **J.D. Brokers, Inc. 6767 Collins Ave #409 Miami Beach FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **1/29/97**

21	2. Principal Place of Business	26	2a. Mailing Address
	6767 Collins Ave #409		6767 Collins Ave #409
22	City & State	27	City & State
	Miami Beach FL		Miami Beach FL
24	Zip	29	Zip
	33141		33141
25	Country	30	Country
	U.S.		U.S.

4. FEI Number	Applied For
65-0733790	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Leslie Alan Rosenzweig, P.A.
 1 S.E. 3rd St.
 Suite 900
 Miami FL 33131

10. Name and Address of New Registered Agent

81	Name	Desiree Calas
82	Street Address (P.O. Box Number is Not Acceptable)	7216 S.W. 8 St Suite #6
84	City	Miami
85	State	FL
	Zip Code	33144

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: Desiree M. Calas DATE: **3/11/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Amy Hernandez	
STREET ADDRESS	6767 Collins Ave #409	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	David Hernandez	
STREET ADDRESS	6767 Collins Ave #409	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	000002460750
54 CITY-ST-ZIP	-03/18/98--01036--025
	***150.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	or 517
64 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: [Signature] **President** DATE: **3/9/98** DAYTIME PHONE: **305-594-4152**

CR2E034 (10/97)