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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

APPROVED
AND
FILED

99 MAR 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0217305

DOCUMENT # 515980

1. Corporation Name
JABI, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY	2300 CORAL WAY
#200	#200
MIAMI FL 33145	MIAMI FL 33145
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1976

4. FEI Number
59-1713666 [ ] Applied For [ ] Not Applicable

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE # 200	27 SUITE # 200
City & State	City & State
23 MIAMI FLORIDA	28 MIAMI FLORIDA
Zip / Country	Zip / Country
24 33145 25 U.S.	29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE AMADA CANTERA LOPEZ.PRES 3/4/99
Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature is required in addition to that of corporate officer) Date

12. OFFICERS AND DIRECTORS

TITLE	PVP	[ ] DELETE
NAME	LEHMAN, JACOBO	
STREET ADDRESS	12450 S.W. 99TH TERRACE	
CITY-ST-ZIP	MIAMI 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		
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

11 TITLE [ ] Change [ ] Addition
12 NAME P/S/D/ LEHMAN HILDA
13 STREET ADDRESS 13450 S.W.99TH TERRACE
14 CITY-ST-ZIP MIAMI FLORIDA. 33186

21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

400002806244--2
-03/15/99--01121--017
****150.00 ****150.00

31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

3/3/11

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, with all other like empowered.

SIGNATURE: Hilda Lehman 3/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
HILDA LEHMAN PRES.

CR2E034 (11/98)