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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 546015 (9)
1. Corporation Name
J. AND B. INTERNATIONAL SALES CORP.



Principal Place of Business
12350 SW 132ND COURT
SUITE 104
MIAMI FL 33186
US

Mailing Address
P.O. BOX 960448
MIAMI FL 33296-0448
US

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|---|--|
| 3. Date Incorporated or Qualified 07/25/1977 | 3a. Date of Last Report 03/05/1996 |
| 4. FEI Number 59-1758334 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 3401 N.W 72 AVENUE Suite, Apt #, etc. 22 E-6 City & State 23 MIAMI, FLORIDA Zip 24 33122 | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 25 U.S.A. |
|---|--|

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|--|--|
| 9. Name and Address of Current Registered Agent VIDAL, FIDEL P. 1360 W 41 ST. #101 HIALEAH FL 33012 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
|--|--|

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. I am familiar with the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--------------------|
| TITLE | PD | 1.1 TITLE | |
| NAME | PEREZ, JOSE ANTONIO | 1.2 NAME | |
| STREET ADDRESS | 13241 SW 85 LANE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | VS | 2.1 TITLE | VS |
| NAME | PEREZ, JULIAN F | 2.2 NAME | PEREZ, JULIAN F |
| STREET ADDRESS | 8379 NW 66 STREET | 2.3 STREET ADDRESS | 13886 S.W 101 LANE |
| CITY - ST - ZIP | MIAMI FL 33285-0365 | 2.4 CITY - ST - ZIP | MIAMI, FL 33186 |
| TITLE | T | 3.1 TITLE | T |
| NAME | PEREZ, BERTHA M | 3.2 NAME | PEREZ, BERTHA M |
| STREET ADDRESS | 8379 NW 66 STREET | 3.3 STREET ADDRESS | 11629 S.W 90 ST. |
| CITY - ST - ZIP | MIAMI FL 33285-0365 | 3.4 CITY - ST - ZIP | MIAMI, FL 33176 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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: JULIAN F. PEREZ 2-25-97 (305) 383-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)