

**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 # **839909** (9)

1. Corporation Name  
**JAMBALAYA COMPANY, N.V. INC.**



Principal Place of Business: **3400 ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD., MIAMI FL 33131**  
Mailing Address: **3400 ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD., MIAMI FL 33131**

3. Date Incorporated or Qualified: **01/23/1978**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **98-0039121**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. Country

9. Name and Address of Current Registered Agent: **VALDES-FAULI CORPORATE SERVICES INC, 3400 ONE BISCAYNE BLVD., 2 S. BISCAYNE BLVD., 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, 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, 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 reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	MP	<input type="checkbox"/> DELETE
NAME	SUMMONTE L, SALVATORE	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY- ST- ZIP	MIAMI, FLORIDA 00000	
TITLE	MST	<input checked="" type="checkbox"/> DELETE
NAME	SUMMONTE, YOLANDA T DE	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY- ST- ZIP	MIAMI, FLORIDA 00000	
TITLE	MV	<input type="checkbox"/> DELETE
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY- ST- ZIP	MIAMI, FLORIDA 00000	
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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McKenna, Joy	
2.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400	
2.4 CITY- ST- ZIP	Miami, Florida 33131	
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Valdes-Fauli, Raul E.	
3.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400	
3.4 CITY- ST- ZIP	Miami, Florida 33131	
4.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Summonte de Reisman, Roberta	
4.3 STREET ADDRESS	2 S. Biscayne Blvd. #3400	
4.4 CITY- ST- ZIP	Miami, Florida 33131	
5.1 TITLE	D/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Summonte de San Claudio, Stefania	
5.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400	
5.4 CITY- ST- ZIP	Miami, Florida 33131	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bozzuto, John E.	
6.3 STREET ADDRESS	2 S. Biscayne Blvd. #3400	
6.4 CITY- ST- ZIP	Miami, Florida 33131	

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: *Raul E. Valdes-Fauli* 2/22/96 (305) 376-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)