

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

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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33131-1808
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2. Principal Place of Business 21 104 Crandon Boulevard Suite, Apt. #, etc. 22 #300 City & State 23 Key Biscayne, Florida Zip Country 24 33149 25 USA	2a. Mailing Address 26 104 Crandon Boulevard Suite, Apt. #, etc. 27 #300 City & State 28 Key Biscayne, Florida Zip Country 29 33149 30 USA
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3. Date Incorporated or Qualified 01/23/1978	3a. Date of Last Report 03/01/1996
4. FII Number 98-0039121	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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 Richards, Attorneys At Law 82 Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Drive 83 Suite #900 84 City Miami, FL 85 Zip Code 33133
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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 *Timothy D. Richards* (Print Name) **Timothy D. Richards** (Print Name)
 Registered Agent Signature Required When Registering **2/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE MP	SUMMONTE L, SALVATORE	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 S BISCAYNE BLVD. #3400	11 TITLE	MP
STREET ADDRESS	MIAMI, FLORIDA 00000	12 NAME	SUMMONTE L., SALVATORE
CITY-ST-ZIP		13 STREET ADDRESS	104 CRANDON BOULEVARD, #300
TITLE	AS	14 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149
NAME	MCKENNA, JOY	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	22 NAME	MCKENNA, JOY
CITY-ST-ZIP	MIAMI, FLORIDA 00000	23 STREET ADDRESS	104 CRANDON BOULEVARD, #300
TITLE	DV	24 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149
NAME	VALDES-FAULI, RAUL E	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	32 NAME	TIMOTHY D. RICHARDS
CITY-ST-ZIP	MIAMI, FLORIDA 00000	33 STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, #900
TITLE	DS	34 CITY-ST-ZIP	MIAMI, FLORIDA 33133
NAME	SUMMONTE DE REISMAN, ROBERTA	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 S. BISCAYNE BLVD, #3400	42 NAME	SUMMONTE DE REISMAN, ROBERTA
CITY-ST-ZIP	MIAMI FL	43 STREET ADDRESS	104 CRANDON BOULEVARD, #300
TITLE	DVT	44 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149
NAME	S. DE SAN CLAUDIO, STEFANIA	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 S BISCAYNE BLVD, #3400	52 NAME	S. DE SAN CLAUDIO, STEFANIA
CITY-ST-ZIP	MIAMI FL	53 STREET ADDRESS	104 CRANDON BOULEVARD, #300
TITLE	V	54 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149
NAME	BOZZUTO, JOHN E.	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 S BISCAYNE BLVD, #3400	62 NAME	
CITY-ST-ZIP	MIAMI FL	63 STREET ADDRESS	
		64 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: *Joy McKenna* **2/12/97 (305)361-2555**

CR2E034 (9/96)