

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

**FILED**

**Apr 10 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 # F88553 (5)**

**1. Corporation Name  
JONKER INTERNATIONAL (USA) INC.**



**Principal Place of Business Mailing Address  
% GERHARDT A. SCHREIBER % GERHARDT A. SCHREIBER  
890 S. DIXIE HIGHWAY 890 S. DIXIE HIGHWAY  
MIAMI FL 33146 MIAMI FL 33146-2603**

**3. Date Incorporated or Qualified 06/28/1982 3a. Date of Last Report 04/23/1996**  
**4. FEI Number 59-2707973 Applied For Not Applicable**  
**5. Certificate of Status Desired \$8.75 Additional Fee Required**  
**6. Election Campaign Financing \$5.00 May Be Added to Fees**  
**Trust Fund Contribution**  
**6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No**

**2. Principal Place of Business 2a. Mailing Address**  
**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**  
**22 City & State 27 City & State**  
**23 Zip Country 28 Zip Country**  
**24 25 29 30**

**9. Name and Address of Current Registered Agent**

**SCHREIBER, GERHARDT A  
890 S DIXIE HIGHWAY  
CORAL GABLES FL 33146**

**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 607.1508, 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** Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VIDAL, JOSEPH A	
STREET ADDRESS	16 SUNRISE AVE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VIDAL, JOSEFINA	
STREET ADDRESS	16 SUNRISE AVE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZAWADZKI, RODRIGO	
STREET ADDRESS	7635 SW 146 CT	
CITY - ST - ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: SIGOSAPHUATEVIDALVIDAL 04-07-97 (305) 661-1422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)