

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F88553 (5)**  
 1. Corporation Name  
**JONKER INTERNATIONAL (USA) INC.**



Principal Place of Business <b>% GERHARDT A. SCHREIBER</b> <b>890 S. DIXIE HIGHWAY</b> <b>MIAMI FL 33146</b>	Mailing Address <b>% GERHARDT A. SCHREIBER</b> <b>890 S. DIXIE HIGHWAY</b> <b>MIAMI FL 33146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7600 RED ROAD</b> Suite, Apt. #, etc. <b>22 #104A</b> City & State <b>23 SOUTH MIAMI, FL</b> Zip <b>24 33143</b> Country		2a. Mailing Address <b>26 2222 PONCE DE LEON BLVD.</b> Suite, Apt. #, etc. <b>27 PENTHOUSE SUITE</b> City & State <b>28 CORAL GABLES, FL.</b> Zip <b>29 33134</b> Country		3. Date Incorporated or Qualified <b>06/28/1982</b>	
4. FEI Number <b>59-2707973</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHREIBER, GERHARDT A</b> <b>890 S DIXIE HIGHWAY</b> <b>CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent			
81 Name <b>GERHARDT A. SCHREIBER</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>2222 PONCE DE LEON BLVD.</b>		83 <b>PENTHOUSE SUITE</b>			
84 City <b>CORAL GABLES,</b>		85 State <b>FL</b>		86 Zip Code <b>33134</b>			

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIDAL, JOSEPH A 16 SUNRISE AVE CORAL GABLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ASSISTANT SECRETARY/D VIDAL VANESSA R. 16 WEST SUNRISE AVE. CORAL GABLES, FL. 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIDAL, JOSEFINA 16 SUNRISE AVE CORAL GABLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAWADZKI, RODRIGO 7635 SW 146 CT MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Joseph A Vidal* 4/2/98 6611422

CR2E034 (10/97)