


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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F88553** (5)

1. Corporation Name
JONKER INTERNATIONAL (USA) INC.

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

2. Principal Place of Business 21 7600 RED ROAD Suite, Apt. #, etc. 22 #104A City & State 23 SOUTH MIAMI, FL Zip 24 33143		2a. Mailing Address 25 2222 PONCE DE LEON BLVD. Suite, Apt. #, etc. 27 PENTHOUSE SUITE City & State 28 CORAL GABLES, FL. Zip 29 33134		3. Date Incorporated or Qualified 06/28/1982	
		4. FEI Number 59-2707973		Applied For 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 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 SCHREIBER, GERHARDT A 890 S DIXIE HIGHWAY CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
				81 Name GERHARDT A. SCHREIBER			
				82 Street Address (P.O. Box Number is Not Acceptable) 2222 PONCE DE LEON BLVD.			
				83 PENTHOUSE SUITE			
				84 City CORAL GABLES, FL			
				85 Zip Code 33134			

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

66/1422

CR2E034 (10/97)