

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90261 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F88553 (5)

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

Principal Place of Business	Mailing Address
7600 RED ROAD SUITE 102 SOUTH MIAMI, FLORIDA 33143 US	2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7600 RED ROAD Suite, Apt. #, etc.	26 2222 PONCE DE LEON BLVD Suite, Apt. #, etc.
22 SUITE 104A City & State	27 PENTHOUSE SUITE City & State
23 SOUTH MIAMI, FL Zip - Country	28 CORAL GABLES, FL Zip Country
24 33143 25	29 33134 30

3. Date Incorporated or Qualified	Applied For
6/28/1982	Not Applicable
4. FEI Number	59-2707973
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A.
 2222 PONCE DE LEON PENTHOUSE SUITE
 CORAL GABLES, FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VIDAL, JOSEPH A	
STREET ADDRESS	16 W. SUNRISE AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VIDAL, JOSEFINA Y	
STREET ADDRESS	16 WEST SUNRISE AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	ASSISTANT SECRETARY/D	<input type="checkbox"/> DELETE
NAME	VIDAL, VANESSA R.	
STREET ADDRESS	16 WEST SUNRISE AVE.	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ZAWADZKI, RODRIGO	
STREET ADDRESS	7635 S.W. 146 CT	
CITY-ST-ZIP	MIAMI, FLORIDA	
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 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, with all other like empowered.

SIGNATURE: Joseph Vidal Joseph Vidal 4/22/99 305 661/422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)