

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90025 035 ***150.00

DOCUMENT # F88553

1. Entity Name

JONKER INTERNATIONAL (USA) INC.

Principal Place of Business

Mailing Address

7600 RED ROAD
 #104A
 SOUTH MIAMI FL 33143
 US

2222 PONCE DE LEON BLVD
 PENTHOUSE SUITE
 CORAL GABLES FL 33134-5030
 US

2. Principal Place of Business

3. Mailing Address

7600 RED ROAD
 Suite, Apt. #, etc.
SUITE 104A

2222 PONCE DE LEON BLVD
 Suite, Apt. #, etc.
PENTHOUSE SUITE

City & State

City & State

SOUTH MIAMI, FL

CORAL GABLES, FL

Zip Country

Zip Country

33143

33134

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VD VIDAL, JOSEPH A**
 STREET ADDRESS **16 SUNRISE AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD VIDAL, JOSEFINA**
 STREET ADDRESS **16 SUNRISE AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP ZAWADZKI, RODRIGO**
 STREET ADDRESS **7635 SW 146 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **ASSISTANT SECRETARY/D VIDAL, VANESSA R**
 STREET ADDRESS **16 WEST SUNRISE AVE**
 CITY-ST-ZIP **CORAL GABLES, FLORIDA**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

[Handwritten Signature] *4/1/00* *305 661 1422*