

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY - 1 AM 4:33

DOCUMENT # **G34671**

(9)

1. Corporate Name:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JBS CONSULTANTS, INC.

Principal Place of Business:

12300 SW 132ND COURT
MIAMI FL 33186-6411

Mailing Address:

12300 SW 132ND COURT
MIAMI FL 33186-6411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21. Suite Apt. # 200

2a. Mailing Address:

26. Suite Apt. # 200

3. Date Incorporated or Qualified:

04/08/1983

3a. Date of Last Report:

04/15/1994

22. City & State:

23. City & State:

27. City & State:

28. City & State:

4. EIN Number:

59-2283869

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

7. This corporation has liability for intangibles as under Florida Statutes:

24. Corp. 25. City 26. Zip 27. State 28. County 29. City 30. Zip

Yes No

9. Name and Address of Current Registered Agent:

SHAPIRO, JEREMY
12300 SW 132ND COURT
MIAMI FL 33186

81. Name:

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

83.

84. City:

85. Zip Code:

FL

11. Pursuant to the provisions of Sections 607.10(7) and 607.15(8), 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 607.15(8), Florida Statutes.

SIGNATURE:

[Signature]

At the Department of State on the date:

(87)

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

100. NAME:	1. NAME:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP:	1. NAME: 1. STREET ADDRESS: 1. CITY, ST, ZIP:		
101. NAME: STREET ADDRESS: CITY, ST, ZIP:	2. NAME: 2. STREET ADDRESS: 2. CITY, ST, ZIP:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
102. NAME: STREET ADDRESS: CITY, ST, ZIP:	3. NAME: 3. STREET ADDRESS: 3. CITY, ST, ZIP:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
103. NAME: STREET ADDRESS: CITY, ST, ZIP:	4. NAME: 4. STREET ADDRESS: 4. CITY, ST, ZIP:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
104. NAME: STREET ADDRESS: CITY, ST, ZIP:	5. NAME: 5. STREET ADDRESS: 5. CITY, ST, ZIP:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
105. NAME: STREET ADDRESS: CITY, ST, ZIP:	6. NAME: 6. STREET ADDRESS: 6. CITY, ST, ZIP:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
106. NAME: STREET ADDRESS: CITY, ST, ZIP:	7. NAME: 7. STREET ADDRESS: 7. CITY, ST, ZIP:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I declare, truly, that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 12(1)(7)(a), Florida Statutes, further certify that the information contained in the 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 power of attorney empowered to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changes) or an attachment with an address.

SIGNATURE:

PRINT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

4/26/95

0203882 CP