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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G70052

J. B.'S INTERNATIONAL, INC.

FILED	
Apr 29 1997 8:00am	1
Secretary of State	

Principal Place of Business ONE SOUTH OCEAN BOULEVARD SUITE 212 BOCA RATON FL 33432 US 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State		Mailing Address ONE SOUTH OCEAN B SUITE 212 BOCA RATON FL 3343 US 28. Mailing Address 26 Suite, Apt. #, etc.			 3. Date Incorporated or Qualified 11/15/1983 4. FEI Number 59-2349230 5. Certificate of Status Desired 	Sa. Da	te of Las 24/199 \$8.7	st Report
	le	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Ζ(p 24	Country 25	Zip 29	Count	try	8. This corporation has liability for			
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered /	gent	
BAI	NNOURA, NORMA		8	Name				
	E SOUTH OCEAN BOULEVARD ITE 320		L	1	dress (P.O. Box Number is Not Accepta	ible)		
BO	CA RATON FL 33432		8	33				
			8	34 City		FI	85 2	Zip Code
SIGNATURE	Signature typed or printed name of registered ag	ient and tille if applicable. (I	NOTE Registered A	lgent signature req	jured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIREC:	FORS IN 12
TITLE	DP	DELETE	1.1 TiTLE	E			Chan	
NAME	BANNOURA, NORMA		1.2 NAM	ŧE .				
STREET ADDRESS	4130 NW 10TH ST.		1.3 STRE	eet address				
CITY-ST-ZIF	DELRAY BEACH FL		1.4 CITY	/-ST-ZIP				
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NAME	BANNOURA, MICHELLE		2.2 NAM					
STREET ADDRESS	4130 NW 10TH ST. DELRAY BEACH FL				•			
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The interpretation of the community of the exemption stated in Section 119,07(3)(f), Florida Statutes. 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 13 if chapped; or on an attachment with an address.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

561-34-9455

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