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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K67098

(9)

1. Corporation Name

JACKMAN OF FLORIDA, INC.

Principal Place of Business

% GEORGE R. MORAITIS  
915 MIDDLE RIVER DRIVE, SUITE 506  
FORT LAUDERDALE FL 33304

Mailing Address

% GEORGE R. MORAITIS  
915 MIDDLE RIVER DRIVE, SUITE 506  
FORT LAUDERDALE FL 33304-3500

3. Date Incorporated or Qualified  
02/21/1989

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2067615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAITIS, GEORGE R.  
915 MIDDLE RIVER DRIVE  
SUITE 506  
FORT LAUDERDALE FL 33304

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE DVP

NAME LONDONO, J.B.  
STREET ADDRESS 508 MIDDLE RIVER DRIVE #506  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DPT

NAME LONDONO, CARLOS MANUEL  
STREET ADDRESS 915 MIDDLE RIVER DRIVE #506  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DVPS

NAME ECHAVARRAI, LUIS  
STREET ADDRESS 165 OCEAN BLVD  
CITY-ST-ZIP GOLDEN BEACH FL

TITLE DAS

NAME LONDONO, MARIA CHRISTIN  
STREET ADDRESS 915 MIDDLE RIVER DRIVE, #506  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP

NAME JARAMILLO, FERNAN  
STREET ADDRESS 915 MIDDLE RIVER DRIVE, STE 506  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

Signature of Registered Agent

954-702-4103

CR2E034 (9/96)