


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

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L16418 (7)  
1. Corporation Name  
JD DISTRIBUTORS INC.

Principal Place of Business  
1920 NE 124 ST  
MIAMI FL 33181  
US

Mailing Address  
1920 NE 124 ST  
MIAMI FL 33181  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10-89	
4. FEI Number 650146282	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7335 NW 66 ST. Suite, Apt. #, etc.	2a. Mailing Address 26 7335 NW 66 ST. Suite, Apt. #, etc.
22 City & State 23 Miami FL	27 City & State 28 Miami FL
24 Zip 33166 Country Dade	29 Zip 33166 Country Dade

9. Name and Address of Current Registered Agent  
SUSAN GRAHAM  
1920 NE 124 ST  
1920 NE 124 ST  
MIAMI FL 33181

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7335 NW 66 ST.
83	
84 City Miami	85 Zip Code FL 33166

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 Susan Graham Sec.

DATE 3-26-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, DOUGLAS	1.2 NAME	
STREET ADDRESS	1920 NE 124 ST	1.3 STREET ADDRESS	7335 NW 66 ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33166
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, SUSAN	2.2 NAME	
STREET ADDRESS	1920 NE 124 ST	2.3 STREET ADDRESS	7335 NW 66 ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33166
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Susan Graham Sec. SUSAN GRAHAM Sec 3-26-98 305-887-0009

CR2E034 (10/97)