
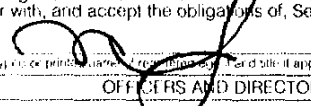
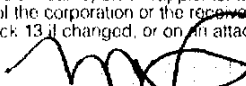


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 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 # L50852 (7)			
1. Corporation Name JOB POWER, INC.			
Principal Place of Business 1635 S. BAYSHORE DRIVE MIAMI FL 33133		Mailing Address 1635 S. BAYSHORE DRIVE MIAMI FL 33133-4213	
2. Principal Place of Business 21 2414 CORAL Way Suite, Apt. #, etc.		2a. Mailing Address 26 2414 CORAL Way Suite, Apt. #, etc.	
22 City & State 23 Miami, FL 24 Zip 33145 25 State DADE		27 City & State 28 Miami, FL 29 Zip 33145 30 State DADE	
9. Name and Address of Current Registered Agent RAPOPORT, ALLEN J. 250 BIRD ROAD SUITE 302 CORAL GABLES FL 33148		10. Name and Address of New Registered Agent 81 Name HAGUE, MARY JANE 82 Street Address (P.O. Box Number is Not Acceptable) 2414 Coral Way 83 84 City Miami FL 85 Zip Code 33145	
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  DATE 4-25-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HAGUE, MARY, JANE	1.1 TITLE	
STREET ADDRESS	1635 S. BAYSHORE DR.	1.2 NAME	
CITY- ST- ZIP	MIAMI FL	1.3 STREET ADDRESS	
TITLE	D	1.4 CITY- ST- ZIP	
NAME	CARRUTHERS, RUTH	2.1 TITLE	
STREET ADDRESS	7120 MIRA FLORES AVE	2.2 NAME	
CITY- ST- ZIP	CORAL GABLES FL	2.3 STREET ADDRESS	
TITLE		2.4 CITY- ST- ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY- ST- ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY- ST- ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY- ST- ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY- ST- ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
TITLE		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 included 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:  DATE 4-25-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)