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May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L61978 (7)

1. Corporation Name
J.E. PAVERS, INC.

Principal Place of Business
16115 S.W. 117TH AVENUE
26-A
MIAMI FL 33177

Mailing Address
16115 S.W. 117TH AVENUE
26-A
MIAMI FL 33177-1614



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1990		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0200078		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RIEUMONT, JOSE A.
16115 S.W. 117TH AVENUE
26 A
MIAMI FL 33177

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OVIN, MANUEL	12 NAME	
STREET ADDRESS	18336 SW 136TH CT.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERINGER, SILVIA	22 NAME	
STREET ADDRESS	18336 SW 136TH CT.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEUMONT, MABEL	32 NAME	
STREET ADDRESS	12391 SW 194TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rieumont, Agustin	42 NAME	
STREET ADDRESS	12391 SW 194 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33177	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Mabel Rieumont Mabel Rieumont 4/22/97 305 238-5565.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

7/15/96 CORPORATE DETAIL RECORD SCREEN 3:43 PM
NUM: LG1978 ST:FL ACTIVE/FL PROFIT FLD: 04/03/1990
FEI#: 00 0000078
NAME : J.E. PAVERS, INC.
PRINCIPAL: 10115 S.W. 117TH AVENUE CHANGED: 05/01/94
ADDRESS 20-A
MIAMI, FL 33177
RA NAME : RIEUMONT, JOSE A. NAME CHG: 05/01/94
RA ADDR : 10115 S.W. 117TH AVENUE ADDR CHG: 05/01/94
20 A
MIAMI, FL 33177 US
ANN REF : (1994) IY 05/01/94 (1995) BY 04/27/95 (1996) A 05/01/96

7/15/96 OFFICER/DIRECTOR DETAIL SCREEN 3:43 PM
CORP NUMBER: LG1978 CORP NAME: J.E. PAVERS, INC.
TITLE: D NAME: DE OVIN, MANUEL
18330 SW 136TH CT.
MIAMI, FL 33177
TITLE: D NAME: BERINGER, SILVIA
18330 SW 136TH CT.
MIAMI, FL 33177
TITLE: D NAME: RIEUMONT, MABEL
12391 SW 194TH ST.
MIAMI, FL 33177