

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

APPROVED AND FILED

97 APR 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M05172 (5)

1. Corporation Name

J.A. De Lima, Inc.

REINSTATEMENT 96-97

Principal Place of Business
c/o Sheldon Evans, P.A.
6175 N.W. 153rd. Street, Ste 215
Miami Lakes, Fl 33014

Mailing Address

3. Date Incorporated or Qualified 9/11/84	3a. Date of Last Report 05/01/96
4. FEI Number 65-0136673	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, SHELDON
6175 N.W. 153rd. Street
Suite 215
Miami Lakes, Fl 33014

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				FL

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: *Sheldon Evans as Registered Agent* DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS <input type="checkbox"/> DELETE
NAME	De Lima Rodriguez, Jose
STREET ADDRESS	11522 S.W. 81 Rd.
CITY-ST-ZIP	Miami, Fl
TITLE	PD <input type="checkbox"/> DELETE
NAME	De Lima, Jouanen, Eduardo
STREET ADDRESS	11522 S.W. 81 Rd.
CITY-ST-ZIP	Miami, Fl
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002154201--3
1.3 STREET ADDRESS	-04/24/97--01115--006
1.4 CITY-ST-ZIP	****750.00 ****750.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100002154201--3
2.3 STREET ADDRESS	-04/24/97--01115--007
2.4 CITY-ST-ZIP	****165.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jose De Lima Rodriguez* DATE: 3/7/97 (305) 557-6060

CR2E034 (12/95)