


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M05172

1. Corporation Name
J. A. DE LIMA, INC.



Principal Place of Business C/O SHELDON EVANS, P.A. 6175 N.W. 153RD STREET, SUITE 215 MIAMI LAKES FL 33014	Mailing Address C/O SHELDON EVANS, P.A. 6175 N.W. 153RD STREET, SUITE 215 MIAMI LAKES FL 33014
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1984
4. FEI Number 65-0136673
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 6175 N.W. 153rd St.	2a. Mailing Address 26 6175 N.W. 153rd St.
22 Suite, Apt. #, etc. Suite 312	27 Suite, Apt. #, etc. Suite 312
23 City & State Miami Lakes, FL	28 City & State Miami Lakes, FL
24 Zip 33014	29 Zip 33014
25 Country US	30 Country US

9. Name and Address of Current Registered Agent EVANS, SHELDON 6175 N.W. 153RD STREET SUITE 215 MIAMI LAKES FL 33014
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81 Name Evans, Sheldon
82 Street Address (P.O. Box Number is Not Acceptable) 6175 N.W. 153rd Street
83 Suite 312
84 City Miami Lakes, FL
85 Zip Code 33014

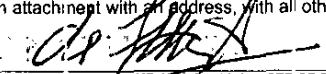
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VS	<input type="checkbox"/>
NAME	DE LIMA RODRIGUEZ, JOSE	
STREET ADDRESS	11522 S.W. 81 RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/>
NAME	DE LIMA JOUANEN, EDUARDO	
STREET ADDRESS	11522 S.W. 81 RD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	VS	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DE LIMA RODRIGUEZ, JOSE		
1.3 STREET ADDRESS	11522 S.W. 81 RD		
1.4 CITY-ST-ZIP	MIAMI FL		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:  **4/9/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOSE DE LIMA RODRIGUEZ, VICE PRESIDENT** Date: _____ Daytime Phone #: _____

CR2E034 (11/98)