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Feb 04 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 # M24569 (9)

1. Corporation Name
SINTOW-JACOBS ENTERPRISES, INC.



Principal Place of Business
2355 BISCAYNE BAY DRIVE
MIAMI FL 33181

Mailing Address
2355 BISCAYNE BAY DRIVE
MIAMI FL 33181-2411

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/12/1985 | 3a. Date of Last Report 03/01/1996 |
| 4. FEI Number 59-2636550 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

SINTOW, ROD
2355 BISCAYNE BAY DRIVE
N. MIAMI FL 33181

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | CITY - ST - ZIP | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS | CITY - ST - ZIP | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | CITY - ST - ZIP | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | CITY - ST - ZIP | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY - ST - ZIP | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY - ST - ZIP | 6.3 STREET ADDRESS | 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/27/97 305-691-3100

CR2E034 (9/96)