

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

FILED

**Apr 15 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 # M38592 (5)
1. Corporation Name
J.A.P. CORPORATION



Principal Place of Business
**C/O JORGE M. PALMA
1 NW 79 ST
MIAMI FL 33150
US**

Mailing Address
**C/O JORGE M. PALMA
1 NW 79 ST
MIAMI FL 33150-3013
US**

3. Date Incorporated or Qualified
09/11/1986

3a. Date of Last Report
03/27/1996

4. FEI Number
59-2719727

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent
**PALMA, JORGE M.
1 NW 79 ST
MIAMI, FL 33150**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD PALMA, JORGE A.**

STREET ADDRESS **18638 MEDITERRANEAN BLVD 1205**

CITY-ST-ZIP **HIALEAH FL**

TITLE DELETE

NAME **STD PALMA, JORGE M.**

STREET ADDRESS **11760 SW 24TH TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

NAME **VP ADRIAN PALMA**

1.2 STREET ADDRESS **5333 COLLINS AV APT 408**

1.3 CITY-ST-ZIP **MIAMI BCH FL 33140**

2.1 TITLE Change Addition

NAME **D RAUL PALMA**

2.2 STREET ADDRESS **9425 SW 8th TERR**

2.3 CITY-ST-ZIP **MIAMI FL 33174**

3.1 TITLE Change Addition

NAME **D ROBERTO PALMA**

3.2 STREET ADDRESS **748 NW 133 AV**

3.3 CITY-ST-ZIP **MIAMI FL 33182**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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, changed, or on an attachment with an address.

SIGNATURE: *Jorge M. Palma* **JORGE M. PALMA** 4/8/97 (305) 754-6700

CR2E034 (9/96)