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FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/11/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2719727	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALMA, JORGE M. 1 NW 79 ST MIAMI, FL 33150				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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	PD	1.1 TITLE	PD
NAME	PALMA, JORGE A.	1.2 NAME	PALMA, JORGE A
STREET ADDRESS	18636 MEDITERRANEAN BLVD 1205	1.3 STREET ADDRESS	5333 COLLINS AV APT 208
CITY-ST-ZIP	HALEAH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	STD	2.1 TITLE	
NAME	PALMA, JORGE M.	2.2 NAME	
STREET ADDRESS	11760 SW 24TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	PALMA, ADRIAN	3.2 NAME	PALMA, ADRIAN
STREET ADDRESS	5333 COLLINS AVE APT 408	3.3 STREET ADDRESS	5333 COLLINS AV APT 408
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D	4.1 TITLE	
NAME	PALMA, RAUL	4.2 NAME	
STREET ADDRESS	9425 SW 8TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PALMA, ROBERTO	5.2 NAME	
STREET ADDRESS	748 NW 133 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4-10-98 (1305) 376-3243

CR2E034 (10/97)