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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # M69380

(7)

THE JARIN GROUP INTERNATIONAL INC.

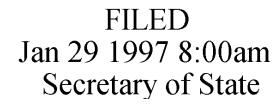
rnincipal riace of business	
7495 W ATLANTIC AVE #220	
DELRAY BEACH FL 33446-1302	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTS

Mailing Address

7495 W ATLANTIC AVE #220 DELRAY BEACH FL 33446-1302





					<ol> <li>Date incorporated or Qualified 02/24/1988</li> </ol>	3a. Date of Last Report 01/23/1996
2. Principal P	ace of Business	2a. Mailing Addres	SS .		4. FEI Number	Applied For
21		26			65-0047523	Not Applicat
Suite, Apt	#, etc	Su-le, Apt. #, e	tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	C	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιp	Cou	intry	8. This corporation has liability for	
24	25	29	30	,		Yes No
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Re	iglatered Agent
HARRY ZUCKER 7495 W ATLANTIC AVE #220				81 Name 82 Street	Address (P.O. Box Number is Not Acceptal	ble)
DEL	RAY BEACH FL 33446-130	12		83		······································
				84 City		FL 85 Zip Code
office or r	registered agent, or both, in the	07 0502 and 607.1508, Florida e State of Florida Such change e obligations of, Section 607.05	e was authorize	d by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typed or printed raine of rege	fered agont and title if applicable	(NOTE: flagistere	d Agent signatur	required when re-instating)	DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	DELI	TE 1.1 TI	TLE		Change Addit
NAME	ZUCKER, HARRY		1.2 N	AME		
STREET ADDRESS	15911 LOMOND HILLS T	TRAIL	1.3 S	TREET ADORESS		
CITY-ST-ZIF	DELRAY BEACH FL			ITY-ST-ZIP		
THTLE		DELI				Change Addit
NAME		• "	2.2 N	AME		·
STREET ADDRESS				TREET ADDRESS	•••	,
CITY-S1-2IP TITLE		DELI		CITY - ST - ZIP		Change Addit
		L 040	1		1	_ Onlings
NAME			3.2 N		•	
STREET ADDRESS				TREET ADORESS		
CHY-S1-ZIP		DELL'		CITY-ST-ZIP		1 0
THTLE		DELI				Change Addit
NAME			4. 21	NAME		
STREET ADDRESS			4.3 S	TREET ADDRESS		
CITY - ST - ZIP				ITY-ST-ZIP		
TPLE		☐ DEL	ETE 5.1 T	TLE		Change Addit
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 S	treet address		
CITY - ST - ZIP			5.4 C	ITY-ST-ZIP		
TITLE		DEL	ETE 6.1 T	ITLE		Change Addit
NAME			6.2 N	IAME		
STREET ADDRESS				TREET ADDRESS		
CITY - S1 - ZIP				CITY-ST-ZIP		
	L by certify that the information :	supplied with this filing does n			stated in Section 119.07(3)(i), Florida Statut	es. I further certify that the
informati Lam an c	on indicated on this annual rep officer or director of the corpor	port or supplemental annual re-	port is true and empowered to	accurate an	of that my signature shall have the same log report as required by Chapter 607, Florida	al effect as if made under oath;