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Feb 03 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 # P33354 (2)

1. Corporation Name  
JBM RETAIL COMPANY, INC.

Principal Place of Business  
13801 N.W. 14TH ST.  
SUNRISE FL 33323

Mailing Address  
13801 N.W. 14TH ST.  
SUNRISE FL 33323-2844



2. Principal Place of Business  
21 14051 NW 14th St  
Suite, Apt. #, etc.

2a. Mailing Address  
26 14051 NW 14th St  
Suite, Apt. #, etc.

22 City & State  
23 Sunrise, FL  
Zip 33323 Country U.S.

27 City & State  
28 Sunrise, FL  
Zip 33323 Country U.S.

3. Date Incorporated or Qualified  
03/26/1991

3a. Date of Last Report  
02/07/1996

4. FEI Number  
13-3592619  
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

9. Name and Address of Current Registered Agent

ARRASCAETA, GRACE  
13801 N.W. 14TH ST.  
SUNRISE FL 33323

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  
CT Corporation  
1200 S. Pine Island Rd  
Plantation FL 33324

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 *Barbara A. Burke* BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY 1/9/97  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent must be a resident of Florida.) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BOUDREAU, DAVID	
STREET ADDRESS	13801 N.W. 14 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ARRASCAETA, GRACE	
STREET ADDRESS	13801 N.W. 14ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PENNACCHIO, JOSEPH	
STREET ADDRESS	13801 N.W. 14 ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14051 NW 14th St
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14051 NW 14th St
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CEOP, D. Arguethy, Isaac
3.3 STREET ADDRESS	14051 NW 14th St
3.4 CITY-ST-ZIP	Sunrise FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: *David Boudreau* 1/9/97 954-846-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)