


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

FILED
Mar 19 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 # P39461 (9) 1. Corporation Name JETRO CASH AND CARRY ENTERPRISES, INC. | | | |
| Principal Place of Business 575 EIGHTH AVENUE NEW YORK NY 10018 | | Mailing Address 575 EIGHTH AVENUE NEW YORK NY 10018-3011 | |
| 2. Principal Place of Business 21 1524 - 132nd ST. Suite, Apt. #, etc. 22 City & State College Point, NY Zip 11356 Country USA | | 2a. Mailing Address 26 1524 - 132nd ST Suite, Apt. #, etc. 27 City & State College Point, NY Zip 11356 Country USA | |
| 9. Name and Address of Current Registered Agent RUBANENKO, SAMUEL B. 2041 N.W. 12TH AVENUE MIAMI FL 33127 | | 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 607.1505, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRSCHNER, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 575 8 AVE | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | NEW YORK NY | 1.4 CITY- ST- ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLEISHMAN, STANLEY | 2.2 NAME | |
| STREET ADDRESS | 575 EIGHTH AVE | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | NEW YORK NY | 2.4 CITY- ST- ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEBOWITZ, MORRIS | 3.2 NAME | |
| STREET ADDRESS | 575 EIGHTH AVE | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | NEW YORK NY | 3.4 CITY- ST- ZIP | |
| TITLE | DST | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUBANENKO, SAMUEL B. | 4.2 NAME | |
| STREET ADDRESS | 2041 NW 12TH AVENUE | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 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:

STANLEY FLEISHMAN

3/14/97 (718) 762-8700

CR2E034 (9/96)