


FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90036 009 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P39461 1. Corporation Name JETRO CASH AND CARRY ENTERPRISES, INC.			
Principal Place of Business 15-24 132 ST COLLEGE POINT NY 11356 US		Mailing Address 15-24 132 ST COLLEGE POINT NY 11356 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 06/24/1992		4. FEI Number 13-2847390	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. 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 FLEISHMAN, STANLEY 82 Street Address (P.O. Box Number is Not Acceptable) 2041 N.W. 12TH AVENUE 83 City MIAMI FL 33127	
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 <i>S. Fleishman</i> DATE			
12. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	KIRSCHNER, RICHARD		
STREET ADDRESS	575 8 AVE		
CITY-ST-ZIP	NEW YORK NY		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	FLEISHMAN, STANLEY		
STREET ADDRESS	575 EIGHTH AVE		
CITY-ST-ZIP	NEW YORK NY		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LEBOWITZ, MORRIS		
STREET ADDRESS	575 EIGHTH AVE		
CITY-ST-ZIP	NEW YORK NY		
TITLE	DST	<input type="checkbox"/> DELETE	
NAME	RUBANENKO, SAMUEL B.		
STREET ADDRESS	2041 NW 12TH AVENUE		
CITY-ST-ZIP	MIAMI 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 15-24 132nd ST.			
1.4 CITY-ST-ZIP COLLEGE PT., NY 11356			
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS 2041 N.W. 12th AVE.			
2.4 CITY-ST-ZIP MIAMI FL 33127			
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS 15-24 132nd ST.			
3.4 CITY-ST-ZIP COLLEGE PT., NY 11356			
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS 2300 5TH ST.			
4.4 CITY-ST-ZIP VERNON, CA 90058			
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS BRIAN EMMERT			
5.4 CITY-ST-ZIP 15-24 132nd ST.			
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Brian Emmert* DATE *1/5/99* DAYTIME PHONE # *(719) 762-8700*

NOTARIAL SIGNATURE REQUIRED

CR2E034 (11/98)