

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

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**Mar 09 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 # P93000040330 (1)**  
1. Corporation Name  
**J N B KALOF INC.**



Principal Place of Business: **1640 NW 10TH AVE HOMESTEAD FL 33030**  
Mailing Address: **1640 NW 10TH AVE HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1993**  
4. FEI Number: **65-0498214**  
Applied For:  Not Applicable:   
6. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
8. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country  
25. Zip Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent  
**KALOF, GREGORY E  
1640 NW 10TH AVE  
HOMESTEAD FL 33030**

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 607.1508, 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: *[Signature]* DATE: **March 2, 1998**  
Sign as president or if not name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
**KALOF, GREGORY E  
1640 NW 10TH AVE  
HOMESTEAD FL 33030**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TSD  
**KALOF, BOONNUANG P  
1640 NW 10TH AVE  
HOMESTEAD FL 33030**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
**PEDRAZA, JUNTREE  
1640 NW 10TH AVE  
HOMESTEAD FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
**KALOF, NATEE  
1640 NW 10 AVE  
HOMESTEAD FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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)(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: *[Signature]* DATE: **March 2, 1998 305-248-2381**

CR2E034 (10/97)