

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000067471 (1)**

1. Corporation Name
JER BEEPERS, INC.



Principal Place of Business	Mailing Address
8337 N.W. 12 ST #101 MIAMI FL 33126 US	8337 NW 12 ST #101 MIAMI FL 33126-1841 US

2. Principal Place of Business	2a. Mailing Address
21 8335 NW 10 ST.	26 8335 N.W. 10 ST.
22 Suite, Apt. #, etc. MIAMI FLA.	27 Suite, Apt. #, etc.
23 City & State	28 City & State MIAMI, FL.
24 Zip 33126 Country USA	29 Zip 33126 Country USA

3. Date Incorporated or Qualified 09/23/1993	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0437472	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEZCANO, BELKIS J
3801 SW 130 AVE
MIAMI FL 33175

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEZCANO, EDUARDO	
STREET ADDRESS	8337 N.W. 12 ST #101	
CITY-ST-ZIP	MIAMI FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	LEZCANO, BELKIS J	
STREET ADDRESS	8337 NW 12ST #101	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eduardo Lezcano	
1.3 STREET ADDRESS	8335 NW 10 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33126	
2.1 TITLE	Corp. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Belkis J. Lezcano	
2.3 STREET ADDRESS	8335 N.W. 10 ST.	
2.4 CITY-ST-ZIP	Miami, FL. 33126	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: **Belkis J. Lezcano** **Belkis J. Lezcano** 4/18/97 594-7711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)