

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 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 # P93000067875 (3)

1. Corporation Name  
 JPB-U.S.A., INC.



Principal Place of Business

P O BOX 3067  
 INDIALANTIC FL 32903  
 US

Mailing Address

P O BOX 3067  
 INDIALANTIC FL 32903  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1993

4. FEI Number

59-3199925

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 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BEUZELIN, SONJA-EVA  
 807 S. MIRAMAR AVE.  
 INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name BEUZELIN, Sonja - EVA  
 82 Street Address (P.O. Box Number is Not Acceptable) 115, FIFTH AVENUE  
 83  
 84 City INDIALANTIC FL 85 Zip Code 32903

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 AGENT SAME/ ADDRESS DIFFERENT NO SIGNATURE NECESSARY  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BEUZELIN, JEAN-PIERRE	807 S. MIRAMAR AVE.	INDIALANTIC FL 32903	<input type="checkbox"/>
D	BEUZELIN, SONJA-EVA	807 S. MIRAMAR AVE.	INDIALANTIC FL 32903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-ST-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-ST-ZIP	1.13 TITLE	1.14 NAME	1.15 STREET ADDRESS	1.16 CITY-ST-ZIP	1.17 TITLE	1.18 NAME	1.19 STREET ADDRESS	1.20 CITY-ST-ZIP
				<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition												
		115 Fifth Ave	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition												
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition												
		115 Fifth Ave	INDIALANTIC, FL 32903	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition												
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition												
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition												

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]

CR2E034 (5/98)