FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000068116 (1)**

1. Corporation Name
JSK GENERAL CONTRACTORS, INC.

Principal Place of Business
1847 NORTHWEST 21ST STREET
MIAMI FL 33142

Mailing Address
1847 NORTHWEST 21ST STREET
MIAMI FL 33142

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 04/27/1995

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

4. FEI Number: 65-0477659 — 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KUPERMAN, JORGE S
2905 PRAIRIE AVENUE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name: KUPERMAN, JORGE S.
82 Street Address (P.O. Box Number is Not Acceptable): 1847 NW 21st. Street
83
84 City: MIAMI FL 85 Zip Code: 33142

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KUPERMAN, IRMA A	
STREET ADDRESS	2905 PRAIRIE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140-3422	
TITLE	D	☐ DELETE
NAME	KUPERMAN, JORGE S	
STREET ADDRESS	2905 PRAIRIE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140-3422	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	KUPERMAN, IRMA A.	
1.3 STREET ADDRESS	1847 NW 21st. Street	
1.4 CITY-ST-ZIP	MIAMI, FL. 33142	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	KUPERMAN, JORGE S.	
2.3 STREET ADDRESS	1847 NW 21st. Street	
2.4 CITY-ST-ZIP	MIAMI, FL. 33142	
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	100001798591	☐ Change ☐ Addition
5.2 NAME	-04/29/96--01045--003	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 04-17-96 (305) 545-8271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/23/96