


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90295 023 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 199<sup>9</sup></b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000007690 (8)</b> 1. Corporation Name <b>JSW CORPORATION</b>					
Principal Place of Business <b>1414 ALGARDI AVENUE CORAL GABLES FL 33146</b>			Mailing Address <b>1414 ALGARDI AVENUE CORAL GABLES FL 33146</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>01/21/1994</b>					
2. Principal Place of Business 21 <b>285 Carabella Court</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>285 Carabella Court</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0488036</b> Applied For <input type="checkbox"/> Not Applicable	
22 City & State 23 <b>Coral Gables, FL 33146</b>		27 City & State 28 <b>Coral Gables, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33143</b> 25 Country		29 <b>33143</b> 30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SOLER, JOSE I 1414 ALGARDI AVE CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Jose I. Soler</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>285 Carabella Court</b>	
				83	
				84 City <b>Coral Gables</b> FL <b>FL</b> 85 Zip Code <b>33143</b>	
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. <div style="text-align: right;">April 23, 1999</div>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PATD <input type="checkbox"/> DELETE				
NAME	<b>SOLER, JOE I</b>				
STREET ADDRESS	<b>1414 ALGARDI AVENUE</b>				
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>				
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					
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	<b>PATD</b>				
1.3 STREET ADDRESS	<b>Jose I. Soler</b>				
1.4 CITY-ST-ZIP	<b>285 Carabella Court. Coral Gables, FL 33143</b>				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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 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. <div style="text-align: right;">April 23, 1999</div>					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/21/1994</b>	
4. FEI Number <b>65-0488036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0211553