

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

Amended

61,25

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000002375		3. Date Incorporated or Qualified 01/10/95	
1. Corporation Name J.N.C. REMODELERS, INC.		3a. Date of Last Report 05/08/97	
Principal Place of Business 15321 S.DIXIE HWY #210 MIAMI, FL 33157		4. FEI Number 65-0547891	
2. Principal Place of Business		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2a. Mailing Address 15321 S.DIXIE HWY. #210		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22. Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. City & State MIAMI, FL			
24. Zip 33157			
26. Country			
28. City & State MIAMI, FL			
29. Zip 33157			
30. Country			
9. Name and Address of Current Registered Agent ISER, CARLOS A. 9500 S.DADELAND BLVD. STE. 705 MIAMI, FL. 33156		10. Name and Address of New Registered Agent 81. Name AMADO GARCIA, C.P.A. 82. Street Address (P.O. Box Number is Not Acceptable) 9500 S.DADELAND BLVD. STE. 705 83. 84. City MIAMI FL 85. Zip Code 33156	
11. Pursuant to the provisions of Sections 607.0502 and 607.1609, 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		DATE 9/8/97	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D 1.2 NAME ISER, CARLOS 1.3 STREET ADDRESS 1615 SW 122ND. AVE #5 1.4 CITY - ST - ZIP MIAMI, FL. 33175		1.1 TITLE P/D 1.2 NAME ISER, CARLOS 1.3 STREET ADDRESS 1615 SW 122ND. AVE #5 1.4 CITY - ST - ZIP MIAMI, FL. 33175	
2.1 TITLE VP 2.2 NAME DURAN, MERIZA 2.3 STREET ADDRESS 1615 SW 122 ND. AVE #5 2.4 CITY - ST - ZIP MIAMI, FL. 33175		2.1 TITLE VP/S/D 2.2 NAME SEBASTIA JR., ROBERTO 2.3 STREET ADDRESS 1743 SW 103 PL. 2.4 CITY - ST - ZIP MIAMI, FL. 33165	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE 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.		4000002320804--0 -10/15/97--01052--024 *****61*****51*****	
SIGNATURE		9/8/97 (305) 252-1250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)