## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT** CORPORATION ANNUAL REPORT 1997

DOCUMENT # JIBA & V, INC.



P95000006464 (8)

FLORIDA DEPARTMENT TATE

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPOR NS

## **FILED** May 07 1997 8:00am Secretary of State



Principal Place of Business 800 8.W. 104TH CT. #204 MIAMI FL 33174			800 S.W. 104 #204	Mailing Address 800 S.W. 104TH CT. #204 MIAMI FL 33174-2661						
							3. Date Incorporated or Qualified 01/25/1995	3a. Date of 04/22		eport
2. Principal P	lace of Busin	ness	<b>28.</b> Marting A	Address		<del>_</del>	4. FEI Number 65-0549967			plied For ot Applicable
Suite, Apt.	#, etc.		Suite, Ap	t. #, etc.			5. Certificate of Status Desired		8.75 / Fee Re	Additional equired
City & State	е		City & Sta	ate			Etection Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zip		Country 25	Ζφ 29		Cou 30	у	8. This corporation has liability for	intangible tax	under s	
			rrent Registered Age	nt			10. Name and Address of New Re			
DEI	. VALLE, M				3	Name		<u>Y</u> _		
	S.W. 1041				1.		dress (P.O. Box Number is Not Acceptal	-10)		
#20		· <del>•</del> ··			l <sup>s.</sup>	F Pitect Vac	uress (m.U, Box (vumber is Not Acceptat	old)		
	MI FL 3317	74			8	3				<del></del>
					8				E 7	Code
					8	4 City		FL	5 Zip	Code
SIGNATURE	//	or printed name of registeres	diagratiand the Tappedation	MA	<i>NUEN</i> . I trojistored A	DEL VA	rporation submits this statement for the pation's board of directors. I hereby acce  LLE JR - PRESIDENT  nired when rensisting)	DATE	7/9	2
12.		OFFICERS	AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	DELVA	LP 4444UIC ID	L_	] DELETE	1.1 TBU	1		L_	Change	Addition
NAME		LE, MANUEL JR 7. 104TH CT. #204			1.2 NAM					
STREET ADDRESS	MIAMI F					E1 ADDRESS				
CITY-ST-ZIP TITLE	MIMMIT	L 331/4		DELETE	14 CITY				Change	L Addition
			Ļ.	] Officet	211  [[			h	Change	
NAME STREET ADDRESS					2.2 NAM					ĺ
CITY-ST-ZIP					2 4 CITY	ET ADDRESS	••			
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STREET ADDRESS						I ADDRESS				İ
CITY-ST-ZIP	}				3.4. CITY					
TITLE				DELETE	4.1 TOLE	+			Change	Addition
NAME	ĺ				4. 2 NAM	i				
STREET ADDRESS					4.3 STRE	ET ADDRESS				
CITY-ST-ZIP					4.4 City	SI-ZIP				
TITLE				DELETE	5.1 TITLE				Change	Addition
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STREET ADDRESS					5.3 STRE	ET ADDRESS				
CITY-ST-ZIP					5.4 CITY	· ST - ZIP		<u>.</u>		<del></del>
TITLE				DELETE	6.1 TITLE		**************************************		Change	Addition
NAME	l				6.2 NAM	.				
STREET ADDRESS					6.3 STRE	FT ADDRESS				
CITY-ST-ZIP						- ST - ZIP				

I do hereby certify that the information supplied with this filling 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 eath; 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, of on an attrument with an address.