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 # **P95000012400 (4)**

1. Corporation Name

J S GROUP, INC.

Principal Place of Business

% MARK D. ~~SCHILD~~ SCHILD
9350 S. DIXIE HIGHWAY SUITE 970
MIAMI FL 33156

Mailing Address

% MARK D. ~~SCHILD~~ SCHILD
9350 S. DIXIE HIGHWAY SUITE 970
MIAMI FL 33156

3. Date Incorporated or Qualified: **02/10/1995**

3a. Date of Last Report:

4. FEIN number: [X] 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: [X] Yes [ ] No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 County

9. Name and Address of Current Registered Agent

~~SCHLID~~, MARK D SCHILD
9350 SOUTH DIXIE HIGHWAY
SUITE 970
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1502, Florida Statutes, the foreign profit corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is qualified to do business in Florida and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ~~SCHLD~~, MARK D
STREET ADDRESS 9350 SOUTH DIXIE HIGHWAY SUITE 970
CITY-ST-ZIP MIAMI FL 33156
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE [ ] Change [ ] Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE [ ] Change [ ] Addition
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

9 TITLE [ ] Change [ ] Addition
10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP

13 TITLE [ ] Change [ ] Addition
14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

17 TITLE [ ] Change [ ] Addition
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Mark D Schild 4/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SCHILD