


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

FILED
Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000013714 (7)			
1. Corporation Name J.J. GOLD INC.			
Principal Place of Business 18200 NW 29 AVE. MIAMI FL 33015 US		Mailing Address C/O TOTAL BUSINESS SERVICES, INC. 8840 S.W. 67TH CT. MIAMI FL 33158-1700	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 12027 Glenmore Dr.	
22 City & State		27 City & State	
23 Zip		28 Coral Springs, FL	
24 Country		29 33071	
25		30 Broward	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOBAN, CHIE K. 8840 SW 67TH CT. MIAMI FL 33156		81 Name Ki Sung Lee	
		82 Street Address (P.O. Box Number is Not Acceptable) 12027 Glenmore Dr.	
		83	
		84 City Coral Springs, FL	
		85 Zip Code 33071	
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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE		DATE	
[Signature]		1/11/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD		1.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME LEE, KI S		1.2 NAME	
STREET ADDRESS 11255 WEST ATLANTIC BLVD. #106		1.3 STREET ADDRESS 12027 Glenmore Dr.	
CITY-ST-ZIP CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP Coral Springs, FL 33071	
TITLE STD		2.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME LEE, JUM H		2.2 NAME	
STREET ADDRESS 11255 WEST ATLANTIC BLVD. #106		2.3 STREET ADDRESS 12027 Glenmore Dr.	
CITY-ST-ZIP CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP Coral Springs, FL 33071	
TITLE DELETE <input type="checkbox"/>		3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DELETE <input type="checkbox"/>		4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE DELETE <input type="checkbox"/>		5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE DELETE <input type="checkbox"/>		6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 included 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 as changed, or on an attachment with an address.			
SIGNATURE: [Signature]		Ki Sung Lee, President (305)624-4074 Jan. 11, 1997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)