

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000015628 1. Corporation Name JW PAVERS CORP.
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Principal Place of Business 2920 FOREST HILLS Blvd. APT 102 CORAL SPRINGS, FL 33065	Mailing Address
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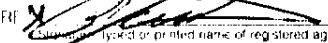
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/24/95	3a. Date of Last Report
4. FEI Number 65-0575847	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 ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent Jose William DERAS 2920 FOREST HILLS Blvd # 102 CORAL SPRINGS, FL 33065

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 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.

SIGNATURE:  DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY, ST, ZIP	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY, ST, ZIP	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY, ST, ZIP	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY, ST, ZIP	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY, ST, ZIP	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY, ST, ZIP	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.

SIGNATURE:  DATE: 4/30/97 954-340-3473

CR2E034 (9/96)