## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF CORPORATIONS							
1. Corporation	) Name	000021	295	(7)					
J.I.P.,	, INC.					E ABONIAGO NO REPAN ARRIVA AGRI	f <b>en</b> ri <b>en</b> ni en		Litain fairí glis san
Principal Place	of Business	Maiting A	ddroce						
·		_		1 0F4 11 4F					
MIAMI FL	BIST AVENUE 33126		N.W. 61ST A II FL 33126	VENUE					
						3. Date Incorporated or Qualifie 03/15/1995	d 3a. Da	te of Last I	Report
2. Principal Pla	ace of Business	2a. Mailing	g Address			4. FEI Number 65-0571 -	796	_	Applied For Not Applicable
Suite, Apt. 4	#, etc.		Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional
22		27	0:-1-					Fee	Required
City & State	,	City & 28	State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip		Cou	ntry	8. This corporation has liability for			
24	25	29	\ <b>\</b>	30		Florida Statutes Y			
	9. Name and Address of Curi	ent negistered A	Agent .		81 Name	10. Name and Address of New	Registered	Agent	
PERE7	z, jose i					000	-1-1-1	······································	··-
247 N.W. 61ST AVENUE					82 Street	Address (P.O. Box Number is Not Accept	(able)		
MAIM	FL 33126				83				
					84 City			85 2	ip Code
11 Purcuant t	a the arminions of Sections 607.05	02 and 607 1508	Elorido Sto	tuton the aba	un population	orporation submits this statement for the	F		
or registere	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	onda. Such chang	e was autho	orized by the d	orporation's	opporation submits this statement for the p board of directors. I hereby accept the a	ppointment a	nanging its is registere	registereo omce ed agent. Lam
SIGNATURE _	in, and accept the obligations of, Se	3CIION 607.0505, F	าบานส อเสเน	ites.					
	Signature, typed or printed name of registered ag				Agent signature r	required when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	DELETE	13.	7. 5	ADDITIONS/CHANGES TO O	FFICERS AN		
NAME	PEREZ, JOSE I	ı	DEECHE	12 N/				☐ Change	☐ Addition
STREET ADDRESS	247 N.W. 61ST AVENUE				REET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126			i i	TY-ST-ZIP				
TITLE	D		DELETE	2 1 T	TLE			☐ Change	Addition
NAME	PEREZ, ANA E			2.2 N/					
STREET ADORESS	247 N.W. 61ST AVENUE MIAMI FL 33126				REET ADDRESS				
CHY-ST-ZIP			1 DELETE	3 1 T	TY-ST-ZIP	$\mathcal{D}$		Change Change	Addition
NAME	PEREZ, ROBERT M	•		3.2 N/		ROBERT N	Park	~~ ~~	
STREET ADDRESS	247 N.W. 61ST AVENUE			3.3. S	TREET ADDRESS	247 N.W. 6157	Aud	שטיים	
CITY-ST-ZIP	MIAMI FL 33126		- 651.50E		TY-ST-ZIP	ROBERT N 247 N.W. 6157 Migmi FL	331	16	
TRILE			☐ DELE 1E	4.17				Change	Addition Addition
NAME STREET ADDRESS				4.2 N/	ime Réet address				
City-St-ZiP					TY-ST-ZIP				
TITLE			DELETE	5 1 T				☐ Change	☐ Addition
NAME				5.2 NA	ME				
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP TITLE			DELETE		TY-ST-ZIP			[ ] Chann	☐ Addition
NAME		i	T DÉTETE	6. 1 T/ 6.2 N/				☐ Change	TT MODITION
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					IY-ST-ZIP				
14. I do hereby	y certify that the information supplied the information indicated on this are	d with this filing is	voluntarily f	urnished and	does not qua	alify for the exemption stated in Section 1	19.07(3)(k), F	orida Statu	utes. I further
oath; that l appears in	l am an officer or director of the cor Block 12 or Block 13 if changed, o	poration on the record on an attrichmen	ceiver of our	stee empower	ed to execut	courate and that my signature shall have to te this report as required by Chapter 607,	Florida Statu	ites; and th	nat my name

SIGNATURE:

SMATURE AND TYPEO ON PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR

4/23/96

Daytinie Phone #