

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026544 (3)

1. Corporation Name

JAKO INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1844 NORTH NOB HILL ROAD, SUITE 418
PLANTATION FL 33322

1844 NORTH NOB HILL ROAD, SUITE 418
PLANTATION FL 33322

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

05-0569353

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

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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

Signature of person providing information for current agent and (where applicable)

(NOTE: Registered Agent's signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P
NAME OVERLIE, AMY K
STREET ADDRESS 1844 NORTH NOB HILL ROAD, SUITE 418
CITY-ST-ZIP PLANTATION FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME Change Addition

13 STREET ADDRESS Change Addition

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

64 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-96

054-749-9911

CR2E034 (3/96)