

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

FILED

Apr 24 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 # P95000032170 (9)

1. Corporation Name
J BUSINESS INC.

Principal Place of Business

3946 ADRA AVE
MIAMI FL 33178

Mailing Address

3946 ADRA AVE
MIAMI FL 33178-2039

3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report
08/08/1996

2. Principal Place of Business
21 **8429 NW 68 ST**
Suite, Apt. #, etc.

2a. Mailing Address
26 **8429 NW 68 ST**
Suite, Apt. #, etc.

4. FEI Number
65-0575858

Applied For
Not Applicable

22 City & State
23 **MIAMI**

27 City & State
28 **MIAMI**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33166** 25 Country **USA**

29 Zip **33166** 30 Country **USA**

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

BARUSCO, JOAO R
3946 ADRA AVE
MIAMI FL 33178

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8429 NW 68 ST

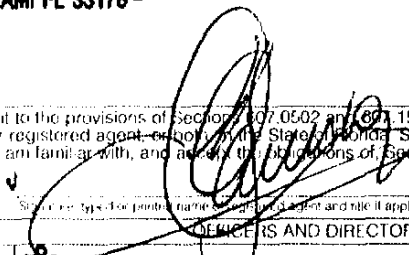
83

84 City **MIAMI**

FL

85 Zip Code **33166**

11. Pursuant to the provisions of Section 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, by 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE  **BARUSCO, JOAO**

4/18/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	BARUSCO, JOAO R	<input checked="" type="checkbox"/> DELETE
NAME	3946 ADRA AVE	
STREET ADDRESS	MIAMI FL 33178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARUSCO, JOAO R	
1.3 STREET ADDRESS	MIAMI, FL 33166	
1.4 CITY-ST-ZIP	8429 NW 68 ST.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 suspension 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 as an attachment with an address.

SIGNATURE:  **Joao R. Barusco** **4/18/97** **(305) 717-3393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)