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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000043610 (1)**

1. Corporation Name

J.H.S., INC.

Principal Place of Business

**4245 SW 97TH AVE.
MIAMI FL 33165**

Mailing Address

**4245 SW 97TH AVE.
MIAMI FL 33165**



2. Principal Place of Business

2a. Mailing Address

21 **1490 So. Military Trail**

26 Suite, Apt. #, etc.

22 **13-D**

27 City & State

23 **West Palm Beach, FL**

28 City & State

24 **33415**

25 **FL 33415**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SOTOLONGO, JOSE H
4245 SW 97TH AVE.
MIAMI FL 33165**

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 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
PD	SOTOLONGO, JOSE H	4245 SW 97TH AVE.	MIAMI FL 33165	
STD	SOTOLONGO, ALEIDA P	4245 SW 97TH AVE.	MIAMI FL 33165	
VD	SOTOLONGO-PLA, JOSE H	4245 SW 97TH AVE.	MIAMI FL 33165	
[] DELETE				
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[] DELETE				
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[] DELETE				
[] DELETE				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] Change	[] Addition
14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY, ST, ZIP	[] Change	[] Addition
18 TITLE	19 NAME	20 STREET ADDRESS	21 CITY, ST, ZIP	[] Change	[] Addition
22 TITLE	23 NAME	24 STREET ADDRESS	25 CITY, ST, ZIP	[] Change	[] Addition
26 TITLE	27 NAME	28 STREET ADDRESS	29 CITY, ST, ZIP	[] Change	[] Addition
30 TITLE	31 NAME	32 STREET ADDRESS	33 CITY, ST, ZIP	[] Change	[] Addition
34 TITLE	35 NAME	36 STREET ADDRESS	37 CITY, ST, ZIP	[] Change	[] Addition
38 TITLE	39 NAME	40 STREET ADDRESS	41 CITY, ST, ZIP	[] Change	[] Addition
42 TITLE	43 NAME	44 STREET ADDRESS	45 CITY, ST, ZIP	[] Change	[] Addition
46 TITLE	47 NAME	48 STREET ADDRESS	49 CITY, ST, ZIP	[] Change	[] Addition
50 TITLE	51 NAME	52 STREET ADDRESS	53 CITY, ST, ZIP	[] Change	[] Addition
54 TITLE	55 NAME	56 STREET ADDRESS	57 CITY, ST, ZIP	[] Change	[] Addition
58 TITLE	59 NAME	60 STREET ADDRESS	61 CITY, ST, ZIP	[] Change	[] Addition
62 TITLE	63 NAME	64 STREET ADDRESS	65 CITY, ST, ZIP	[] Change	[] Addition

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*****200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose H. Sotolongo-Pla, VD

3/31/96

(407) 964-8600

CR2E034 (12/95)