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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000006449 (8)

1. Corporation Name
JFB ENTERPRISES OF MIAMI, INC.



Principal Place of Business
6323 SW 116 PL., STE. F
MIAMI FL 33173-4772

Mailing Address
6323 SW 116 PL., STE. F
MIAMI FL 33173-4772

2. Principal Place of Business

21 14115 S. DIXIE HWY
Suite, Apt. #, etc.

22 SUITE H

City & State

23 MIAMI FL

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 9821 SW 141 DR
Suite, Apt. #, etc.

27 1

City & State

28 MIAMI FL

Zip

29 33176

Country

30 USA

3. Date Incorporated or Qualified
01/17/1996

3a. Date of Last Report

4. FEI Number

65-0713124

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

MARS, GARY
4T FL. - COURTHOUSE TOWER
44 W. FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

RICHARD DYKSTRA

82 Street Address (P.O. Box Number is Not Acceptable)

9821 SW 141 DR

83

84 City

MIAMI

FL

85 Zip Code

33176

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

Richard Dykstra

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

Jeanne Beelat Dykstra

JEANNE BEE LAT DYKSTRA 2/15/97 (305) 232-4005

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/96)