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AND  
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98 SEP -1 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

|                                                |                                                                                   |                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra S. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # P96000033162 (4)

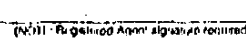
1. Corporation Name  
NEGRIL LOUNGE (JA), INC.



DO NOT WRITE IN THIS SPACE

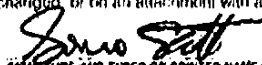
|                                                                                                                   |  |                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| Principal Place of Business<br>6532 PEMBROKE PINES ROAD<br>MIRAMAR FL 33023                                       |  | Mailing Address<br>6532 PEMBROKE PINES ROAD<br>MIRAMAR FL 33023   |  |
| 2. Principal Place of Business<br>21 6532 Pembroke Rd<br>Suite, Apt. #, etc.                                      |  | 2a. Mailing Address<br>26 6532 Pembroke Rd<br>Suite, Apt. #, etc. |  |
| 22 City & State<br>23 Miramar FL                                                                                  |  | 27 City & State<br>28 Miramar FL                                  |  |
| 24 Zip 33023                                                                                                      |  | 29 Zip 33023                                                      |  |
| 25 Country FL                                                                                                     |  | 30 Country FL                                                     |  |
| 9. Name and Address of Current Registered Agent<br>SCOTT, SONIA E<br>6532 PEMBROKE PINES ROAD<br>MIRAMAR FL 33023 |  | 10. Name and Address of New Registered Agent                      |  |
| B1 Name                                                                                                           |  | B2 Street Address (P.O. Box Number is Not Acceptable)             |  |
| B3                                                                                                                |  | B4 City                                                           |  |
| B5 Zip Code                                                                                                       |  | FL                                                                |  |

11. Pursuant to the provisions of Sections 607.0102 and 607.0508, 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:  DATE: 

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|--------------------------|-------------------------------------------------------|-----------------------|
| TITLE                      | PO SCOTT, SONIA E        | 1.1 TITLE                                             | Change Addition       |
| NAME                       | SCOTT, SONIA E           | 1.2 NAME                                              | 000002630720          |
| STREET ADDRESS             | 6532 PEMBROKE PINES ROAD | 1.3 STREET ADDRESS                                    | -09/02/98-01004-006   |
| CITY-ST-ZIP                | MIRAMAR FL 33023         | 1.4 CITY-ST-ZIP                                       | *****15.00 *****15.00 |
| TITLE                      | SD WITTER, LINDA M       | 2.1 TITLE                                             | Change Addition       |
| NAME                       | WITTER, LINDA M          | 2.2 NAME                                              | 000002630720          |
| STREET ADDRESS             | 4415 BAYCHESTER AVE      | 2.3 STREET ADDRESS                                    | -09/02/98-01004-005   |
| CITY-ST-ZIP                | BRONX NY 10468           | 2.4 CITY-ST-ZIP                                       | *****15.00 *****15.00 |
| TITLE                      |                          | 3.1 TITLE                                             | Change Addition       |
| NAME                       |                          | 3.2 NAME                                              |                       |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                          | 4.1 TITLE                                             | Change Addition       |
| NAME                       |                          | 4.2 NAME                                              |                       |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                          | 5.1 TITLE                                             | Change Addition       |
| NAME                       |                          | 5.2 NAME                                              |                       |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                          | 6.1 TITLE                                             | Change Addition       |
| NAME                       |                          | 6.2 NAME                                              |                       |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |                       |

14. I 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 this 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:  DATE: 4/29/98 987-015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0105500