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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036930 (1)

JEGSB/	AR, INC.						
Principal Place of Business Mailing Address 10129 COSTA DEL SOL BOULEVARD 10129 COSTA I MIAMI FL 33178 MIAMI FL 33178			A DEL SOL BOULEVARD				10 18680 11191 1 044 1401
						3. Date Incorporated or Qualified 3a. Date 04/29/1996	of Last Report
···················	Place of Business	2a. Mailing Address				4. FEI Number 0676048	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.					Not Applicable \$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & Stat	to	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Zip	Country	28 Zip	Cour	ntry		Trust Fund Contribution This corporation has liability for intangible ta	Added to Fees
24	25	29	30	٠		Fiorida Statutes Yes	
	9. Name and Address of Curr	ent Registered Agent		r		Name and Address of New Registered Ag	ent
	RAC, SMILJANA		}	81	Name		
	129 COSTA DEL SOL BOULEVA IMI FL 33178	RD	Ī	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
MIN	MI LE 20170		}	83			· · · · · · · · · · · · · · · · · · ·
			}	84	City		85 Zip Code
····							
office or lagent Ta	to the provisions of Sections 607.03 registered agent, or both, in the Sta am familiar with, and accept the obt	to 2 and 607.1508, Florida State of Florida. Such change was gations of, Section 607.0505,	iutes, the ab is authorized Fiorida Stati	i by ites	the corpora	rporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoin	nanging its registered htment as registered
	Signature, type tior pointed name of registered a			Ager	nt signature requ	uired when reinstating) DATE	
12. 10:LE	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND D	
NAME		1.2)				SMILYAND BARAC	T change Paradomon
STREET ADDRESS					ADDRESS /		BLYD
C-TY-ST-7/P			1.4 CIT	Y-\$1	r-ŻIP	MIAMI FL 33178	
TITLE	DELETE 2.11			LE			Change Addition
NAMÉ			2.2 NA				
STREET ADDRESS CHY-ST-7IP			2.3 STF 2. 4 GF		ADORESS	in the second se	
TIFLE		DELETE	3.1 TIF		1 2 11		Change Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STI	REET	ADDRESS		
Cify ST-20		DELETE	3.4. CF	•••••	T-ZIP		Change Addition
TITLE NAME		f"1 Officia	4.1 TIT 4. 2 NA			· · · · · · · · · · · · · · · · · · ·	Change Addition
STREET ADDRESS			1		ADDRESS	^	
Crtir - St - ZIP		·	4.4 CIT		1	a contraction of the contraction	
THLE		DELETE	5.1 117	LĒ		1/0 2/1	Change Addition
NAME			5.2 NA				
STREET ADDRESS					ADDRESS	<i>'\\</i> '	
Colly - S1 - Ziff Till E	*** AND 1. 10 . 2. 2. 1 BUS 7 BUS 1. 2. 1 ALL AND AND A CO	DELETE	5.4 CIT 6.1 TITI		-2iP		Change Addition
NAMi		DE4616	6.2 NA			00000216039	D. C. Mariton
STREET ADDRESS		•			ADDRESS	00000216039 -04/30/9701038038 ***165.00	}
CITY - ST - ZIP			6.4 CIT	Y- \$1	-71P	****155.UU	

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 juricual 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 direction 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 of on an attachment with an address.

FILED

Apr 28 1997 8:00am

Secretary of State