

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000040048 (6)

1. Corporation Name
KJZ, INC.



Principal Place of Business
14340 BISCAYNE BLVD
N MIAMI BEACH FL 33181

Mailing Address
14340 BISCAYNE BLVD
N MIAMI BEACH FL 33181-1206

3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Report
4. FPI Number 65-0667118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACOB, FRANCIS 14340 BISCAYNE BLVD N MIAMI BEACH FL 33181		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	
NAME	ZINN, MANNY	1.2 NAME	
STREET ADDRESS	14340 BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33181	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	
NAME	KORAKOKOS, ALEX	2.2 NAME	
STREET ADDRESS	14340 BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33181	2.4 CITY-ST-ZIP	
TITLE	JACOB, FRANCIS	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	14340 BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33181	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: F. JACOB CFO 6-12-97

CR2E034 (9/96)