

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

FILED
May 06 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 # **P96000040587**
 1. Corporation Name
JAI JALARAM ENTERPRISES, INC.

Principal Place of Business
1 N. FEDERAL HWY. POMPANO BEACH, FL 33062

Mailing Address
1 N. FEDERAL HWY. POMPANO BEACH, FL 33062

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3. Date Incorporated or Qualified			
State, Apt. #, etc.		State, Apt. #, etc.		65-0668478		5-6-96			
City & State		City & State		5. Certificate of Status Desired		3a. Date of Last Report			
Zip		Zip		<input type="checkbox"/>		\$8.75 Additional Fee Required			
Country		Country		6. Election Campaign Financing		5.00 May Be Added to Fees			
				<input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				<input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SANMUKH S. THAKKAR
2488 N.W. 91ST AVE.
CORAL SPRINGS, FL 33065

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DIP/TIS	<input type="checkbox"/> DELETE
NAME	SANMUKH S. THAKKAR	
STREET ADDRESS	2488 N.W. 91ST AVE.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****165.00**

DW
5-6-97

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: *[Signature]* Date: **4/30/97** **95492-2195**

CR2E034 (9/96)