

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

FILED  
Jun 04 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Moftah</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P96000043201 (8)**

1. Corporation Name  
**JEBCO INTERNATIONAL, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>2601 SOUTH BAYSHORE DRIVE<br/>19TH FLOOR<br/>COCONUT GROVE FL 33131</b> | Mailing Address<br><b>COHEN, BERKE ETAL C/O EILEEN TRAUTMAN ESO<br/>2601 S BAYSHORE DR 19 FLOOR<br/>MIAMI FL 33133<br/>US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |
|---|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>05/21/1996</b>   |
| 21  |  | 26   |  | 4. FEI Number<br><b>APPLIED FOR</b> See attached   |
| 22  |  | 27   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 23  |  | 28   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 24  |  | 29   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**TRAUTMAN, EILEEN  
2601 SOUTH BAYSHORE DRIVE  
19TH FLOOR  
COCONUT GROVE FL 33131**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GOLDSTEIN, MARVIN</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>7675 TRANS CANADA #603</b>            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST-LAURENT QUEBEC H4T 1V6</b>         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FETTER, HOWARD</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>7675 TRANS CANADA #603</b>            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST-LAURENT QUEBEC H4T 1V6</b>         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (10/97)

56/4

400002550204  
-06/08/98--01006--044  
\*\*\*150.00

pg 2 of 4

|  |   |  |
|--|---|--|
| Form <b>SS-4</b><br>(Rev. December 1993)<br>Department of the Treasury<br>Internal Revenue Service | <b>Application for Employer Identification Number</b><br>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) | EIN<br>OMB No. 1545-0003<br>Expires 12-31-96 |
|--|---|--|

1 Name of applicant (Legal name) (See instructions.)  
**JEBCO INTERNATIONAL, INC.**

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**2601 South Bayshore Dr., 19th Floor**

4b City, state, and ZIP code  
**Miami, FL 33133**

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located  
**Dade County, Florida**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶  
**Howard Fetter, President**

8a Type of entity (Check only one box.) (See instructions.)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor (SSN)                           | <input type="checkbox"/> Estate (SSN of decedent)    | <input type="checkbox"/> Trust                                    |
| <input type="checkbox"/> REMIC   | <input type="checkbox"/> Plan administrator-SSN      | <input type="checkbox"/> Partnership                              |
| <input type="checkbox"/> State/local government                          | <input type="checkbox"/> Personal service corp.      | <input type="checkbox"/> Other corporation (specify) _____        |
| <input type="checkbox"/> Federal government                              | <input type="checkbox"/> National guard              | <input type="checkbox"/> Farmers' cooperative                     |
| <input type="checkbox"/> Other nonprofit organization (specify) _____    | <input type="checkbox"/> Federal government/military | <input type="checkbox"/> Church or church controlled organization |
| <input checked="" type="checkbox"/> Other (specify) ▶ <b>Corporation</b> | (enter GEN if applicable) _____                      |   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ **Florida**

State **Florida** Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.)

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ | <input type="checkbox"/> Changed type of organization (specify) ▶ _____ |
| <input type="checkbox"/> Hired employees                                   | <input type="checkbox"/> Purchased going business                       |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ _____     | <input type="checkbox"/> Created a trust (specify) ▶ _____              |
| <input type="checkbox"/> Banking purpose (specify) ▶ _____                 | <input type="checkbox"/> Other (specify) ▶ _____                        |

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**May 21, 1996**

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

|                 |              |           |
|-----------------|--------------|-----------|
| Nonagricultural | Agricultural | Household |
| <b>0</b>        | <b>0</b>     | <b>0</b>  |

14 Principal activity (See instructions.) ▶ **Lease Financing**

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.  
☐ Public (retail) ☐ Other (specify) ▶ \_\_\_\_\_ ☒ Wholesale ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number, if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) **(305) 336-6726**

Signature and title (Please print or print clearly.) ▶ **Howard Fetter, President**

Signature ▶ \_\_\_\_\_ Date ▶ **6/9/96**

Note: Do not write below this line. For official use only.

|                      |      |      |       |      |                     |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|

**Power of Attorney  
and Declaration of Representative**

► For Paperwork Reduction and Privacy Act Notice, see the instructions.

OMB No. 1545-0150  
Expires 2-29-96

**Part I Power of Attorney** (Please type or print.)

**1 Taxpayer Information** (Taxpayer(s) must sign and date this form on page 2, line 9.)

|  |  |  |
|--|--|--|
| Taxpayer name(s) and address<br><br>Howard Fetter<br>7575 TransCanada, Suite 603<br>St. Laurent, Quebec<br>H4T 1V6 | Social security number(s)<br><br>            | Employer identification number<br>Applied For<br>Plan number (if applicable) |
|  | Daytime telephone number<br>( 514 ) 336-6726 |  |

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** (Representative(s) must sign and date this form on page 2, Part II.)

|   |   |
|---|---|
| Name and address<br>Eileen Trautman, Esq.<br>2601 S. Bayshore Dr., 19th Floor<br>Miami, FL 33133-5460 | CAF No. 6505 2250 6R<br>Telephone No. ( 305 ) 854-5900<br>Fax No. ( 305 ) 857-0857<br>Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input checked="" type="checkbox"/> |
| Name and address  | CAF No. _____<br>Telephone No. ( ) _____<br>Fax No. ( ) _____<br>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>  |
| Name and address  | CAF No. _____<br>Telephone No. ( ) _____<br>Fax No. ( ) _____<br>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>  |

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax Matters**

| Type of Tax (Income, Employment, Excise, etc.) | Tax Form Number (1040, 941, 720, etc.) | Year(s) or Period(s) |
|--|--|----------------------|
| Income   | 1120                                   |                      |
|  |  |                      |
|  |  |                      |

**4 Specific Use Not Recorded on Centralized Authorization File (CAF).**— If the power of attorney is for a specific use not recorded on CAF, please check this box. (See Line 4—Specific Uses Not Recorded on CAF on page 3.) . . . . . ☐

**5 Acts Authorized.**—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below) or the power to sign certain returns (see Line 5—Acts Authorized on page 4).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**Note:** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

**Note:** The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

**6 Receipt of Refund Checks.**—If you want to authorize a representative named in line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_

27/04

Form **W-7**  
(Line 1000)**Application for IRS Individual  
Taxpayer Identification Number**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

See instructions.

For use by individuals who are not U.S. citizens or nationals.

**Note:** Do not file this form if you have, or are eligible to obtain, a U.S. social security number (SSN).  
**When Completing This Form**

• Type or print.

• If you are completing this form for someone else, answer the questions as they apply to that person.

|   |  |   |   |
|---|--|---|---|
| <b>1 Name</b><br><small>Name on birth or divorce</small>                          | 1a Last name (surname or family name)  | First name  | Middle name   |
|   | 1b Last name (surname or family name)  | First name  | Middle name   |
| <b>2 Address of tax residence</b><br><small>(see instructions)</small>            | Street address, apartment number, or rural route number (include postal code where appropriate). Do not use a P.O. box number.   |   |   |
|   | City or town, state or province, and country   |   |   |
| <b>3 Mailing address</b><br><small>(if different from above)</small>              | Street address, apartment number, P.O. box number, or rural route number (include postal code or ZIP code where appropriate)   |   |   |
|   | City or town, state or province, and country   |   |   |
| <b>4 Birth information</b>  | Date of birth (month, day, year)   | Place of birth (city or town, state or province, and country) | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female |
|   | Father's last name (surname)   | First name  |   |
| <b>6 Family information</b><br><small>(see instructions)</small>                  | Mother's maiden name (surname)   | First name  | Middle name   |
|   | 7a Country(ies) of citizenship   | 7b Foreign identification number                              |   |
| 7c Passport number (if any)   | 7d Country issuing passport  |   |   |
| 7e Type of U.S. visa (if applicable)  | 7f U.S. stay/expiration (month, day, year)   |   |   |
| <b>7 Other information</b>  | 7g Check the box for the reason you are filing Form W-7. (See instructions.)   |   |   |
|   | <input checked="" type="checkbox"/> Nonresident alien filing a U.S. tax return and not eligible for an SSN<br><input type="checkbox"/> U.S. resident alien filing a U.S. tax return and not eligible for an SSN<br><input type="checkbox"/> Dependent of U.S. person<br><input type="checkbox"/> Husband or wife of U.S. person<br><input type="checkbox"/> Other (specify)  |   |   |
| <b>Sign Here</b><br><br><small>Keep a copy of this form for your records.</small> | 7h Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)?   |   |   |
|   | <input checked="" type="checkbox"/> No/Do not know. Skip line 7i.<br><input type="checkbox"/> Yes. Complete line 7i. If you need more space, list on a sheet and attach to this form. (See instructions.)  |   |   |
| <b>Acceptance Agent's Use ONLY</b>  | TIN<br>Enter the name under which the TIN was issued.  |   | EIN<br>Enter the name under which the EIN was issued.                       |
|   | Under penalty of perjury, I (applicant/acceptance agent) declare that I have completed this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (TIN). |   |   |
|   | Signature of applicant or agent  | Date (month, day, year)                                       | Phone number  |
|   | Name of delegate, if applicable (type or print)  | Delegate's relationship to applicant                          |   |
|   | Signature  | Date (month, day, year)                                       |   |
|   | Name and title (type or print)   | U.S. Employer Identification Number                           |   |

For Paperwork Reduction Act Notice, see page 3.

Form W-7 (8-94)