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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043201

JEBCO INTERNATIONAL, INC.

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	<u> </u>				
Principal Place of Business		Mailing Address			
2601 SOUTH BAYSHORE DRIVE		COHEN, BERKE ETAL C/O EILEEN TRAUTMAN ESO 2601 S BAYSHORE DR 19 FLOOR MIAMI FL 33133			
19TH FLOOR COCONUT GROVE FL 33131				DO NOT WRITE IN THIS	SPACE
		US		3. Date Incorporated or Qualifed	
				05/21/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR 65-0835385	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 City & State		City & State		8 Flastice Compoint Singnoing	\$5.00 May Be
⊢ ′		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
24	25	·	30	Personal Property Tax.	☐Yes ☐No _
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
81 Name					
trautman, eileen			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
2601 SOUTH BAYSHORE DRIVE					
19TH FLOOR			83		
coc	ONUT GROVE FL 33131		84 City		85 Zip Code
			1 1	<u> </u>	11'
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					
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 Bustle 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 obligation of, Seption 607.0505 Elorida Statutes.					
SIGNATURE .				<u> </u>	7
<u> </u>	Signature, typed or printed name of registered agent		Registered Agent signature require		ID DIDECTORS IN 12
12.	OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	XChange ☐ Addition
TITLE	D COLDSTEIN MADVIN	_ beerie		Coldstein, Marvin	-
NAME STREET ADORESS	GOLDSTEIN, MARVIN 7575 TRANS CANADA #603			395, Cote de liesse	
	ST-LAURENT QUEBEC H4T 1V6	•		Montreal, Quebec H4T 1E5	
CITY-ST-ZIP	D	DELETE □	2.1 TITLE	oncrear, quebec mar res	Change Addition
NAME	FETTER, HOWARD			etter, Howard	1
STREET ADDRESS	7575_TRANS CANADA #603		1 2	395, COTE de Liesse	
CITY-ST-ZIP	ST-LAURENT QUEBEC H4T_1V6	3		Nontreal, Quebec H4T 1E5	
TITLE	V. W.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE ·	-	☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME	-		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	,	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	,		5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
E		C DECELE	6.2 NAME		Country Change
NAME	, ·		6.3 STREET ADDRESS		
STREET ADDRESS	1.		0.3 STREET ADDRESS		

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, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP