


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

FILED

Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049137
1. Corporation Name

JAFFBRI CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business 21 2500 Hollywood Blvd. Suite, Apt. #, etc. 22 Suite #212 City & State 23 Hollywood, Fl. Zip 24 33020 Country 25 Broward	2a. Mailing Address 26 2500 Hollywood, Blvd. Suite, Apt. #, etc. 27 Suite #212 City & State 28 Hollywood, Fl. Zip 29 33020 Country 30 Broward
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3. Date Incorporated or Qualified 6/10/1996	3a. Date of Last Report
4. FEI Number 65-0692684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.13 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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name ROSS H. MANELLA ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 2500 Hollywood Blvd.
83 Suite #212
84 City Hollywood FL 85 Zip Code 33020

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

ROSS H. MANELLA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, STEVEN	1.2 NAME	STEPHEN COHEN
STREET ADDRESS	7969 N. W. 51st Court	1.3 STREET ADDRESS	7969 N. W. 51st Court
CITY-ST-ZIP	Fort Lauderdale, Fl. 33351	1.4 CITY-ST-ZIP	Fort Lauderdale, Fl. 33351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	200002215412
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/18/97-01016-046
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***165.00
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)(c), 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: X

SIGNATURE AND TITLE OF REGISTERED AGENT OF SIGNING OFFICER OR DIRECTOR

954-741-2280

Date

Signature of Director

CR2E034 (9/96)