


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

FILED

May 02 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 # **P96000049340 (8)**

1. Corporation Name
JLR ENTERPRISES UNLIMITED, INC.



Principal Place of Business 12265 SOUTHWEST 151 STREET, SUITE G-213 MIAMI FL 33186	Mailing Address 12265 SOUTHWEST 151 STREET, SUITE G-213 MIAMI FL 33186-7497
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3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
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2. Principal Place of Business 21 15904 SW 300 TERRACE Suite, Apt. #, etc.	2a. Mailing Address 26 15904 SW 300 TERRACE Suite, Apt. #, etc.
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4. FEI Number 05-0672382	Applied For <input type="checkbox"/> Not Applicable
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22 City & State HOMESTEAD, FL	27 City & State HOMESTEAD, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 33033	25 Country USA	28 Zip 33033	30 Country USA
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name RAY SHAMER
82 Street Address (P.O. Box Number is Not Acceptable) 15904 SW 300 TERRACE
83
84 City HOMESTEAD
85 Zip Code FL 33033

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-97

12. OFFICERS AND DIRECTORS

TITLE PSD	<input type="checkbox"/> DELETE
NAME ANDERSON, JESSICA R	
STREET ADDRESS 12265 SOUTHWEST 151 STREET, SUITE G-213	
CITY-ST-ZIP MIAMI FL 33186	
TITLE VT	<input type="checkbox"/> DELETE
NAME SHAMER, RAYMOND M	
STREET ADDRESS 12265 SOUTHWEST 151 STREET, SUITE G-213	
CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ANDERSON, JESSICA R	
1.3 STREET ADDRESS 15904 SW 300 TERRACE	
1.4 CITY-ST-ZIP HOMESTEAD, FL 33033	
2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SHAMER, RAYMOND M	
2.3 STREET ADDRESS 15904 SW 300 TERRACE	
2.4 CITY-ST-ZIP HOMESTEAD, FL 33033	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Jessica Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97 305-252-4832
Date Daytime Phone #

CR2E034 (9/96)