

AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$400)

704

FILED

May 07 1997 8:00am
Secretary of State

<p>CORPORATION ANNUAL REPORT 1997</p>	 <p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>
--	--

1. Name and Mailing Address of Corporation: **DOCUMENT # P9600006007**

J + B TRADING & S. FLORIDA INC.
4401 Sheridan St. #106
Hollywood Fl. 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
7/18/96	
4. FEI Number	Applied For
65-0681573	Not Applicable

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.
FILING FEE \$225.00
Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address	2a. Principal Place of Business	5. Certificate of Status Desired	\$8.75 Additional Fee
21 Suite, Apt. #, etc.	26 9112 Griffin Rd	<input type="checkbox"/>	
22 City & State	27 NONE	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	28 Cooper City FL	Trust Fund Contribution	
24 Country	29	7. Nonprofit with IRS 501(c)(3)	\$138.75 Supplemental Fee Not Required
	30	Tax Exempt Status	
		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

10. Name and Address of New Registered Agent

Bart Ostroff.
10735 NW 11th St.
Pembroke Pines FL 33026

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	President						
	Bart Ostroff						
	10735 NW 11th St						
	Pembroke Pines, FL 33026						
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	Vice President						
	John Zank						
	9112 Griffin Rd						
	Cooper City FL						
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	Sergio Quintero - Secretary						
	9112 Griffin Rd						
	Cooper City, FL						
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE: **X Bart Ostroff** **RES.** **4/30/97** **954-252-9622**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #