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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000066837

1. Corporation Name

JJI ENTERPRISES INC.

Principal Place of Business

13475 NW 27 AVE
MIAMI, FL 33167

Mailing Address

SAME

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SALEEM JASSANI
13475 NW 27 AVE
MIAMI, FL 33167

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

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 Type: Print Name of Agent (Type in full name)

Signature Type: Print Name of Corporation (Type in full name)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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13.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Addition]

500002823135--0

--03/30/99--01000--012

****150.00 ****150.00

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct and that my name does not have the same legal effect as if made under oath. I am a duly authorized officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALEEM JASSANI

3-15-99

305-685-6618

CR25034 (1/98)