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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067707 (5)

JLP EXPORT CORP.

Principal Place of Business Mailing Address 1402 E. LAS OLAS BLVD. 1402 E. LAS OLAS BLVD. SUITE 1037 **SUITE 1037** FT. LAUDERDALE FL 33301-2336 FT. LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1996 2. Principal Piace of Business 4. FEI Number 2a. Mailing Address Applied For 65-0701024 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Г 23 28 **Trust Fund Contribution** Added to Fees Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 VIGNAUD. JEAN L 1402 E. LAS OLAS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1037** 83 FT. LAUDERDALE FL 33301 84 City 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, typical or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE D/P/S/T 1.2 NAME NAME Vignaud, Jean Louis 000002153400-STREET ADDRESS 1.3 STREET ADDRESS 1402 E. Las Olas Blvd., #1037 1.4 CITY - ST - ZIP CHTY-ST-ZIP Ft. Lauderdale, FL 33301 DELETE TITLE 2.1 TITL€ 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZiP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TIFLE NAME 5.2 NAME mwk STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP C(1Y - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Vignaud, President

64 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 change or on an attachment with an address.

FILED

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SECRETARY OF STATE