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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 07 1997 8:00am Secretary of State

DOCHMENT #	P96000077688	/ 5\
1 Congration Name	1 3000007 7 000	(\mathbf{v})

J.R. FRE	SH CUT INC.	(0)			
Principal Place of Business Mailing Address 3015 NORTHWEST 74TH AVENUE 3015 NORTHWEST 74TH AV MIAMI FL 33122 MIAMI FL 33122-1427		VENUE			
				3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last Report
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
<u>s</u> S	AME	26 SAME		650696762	Not Applicable
Suite, Apt. 2015	NW 74TH AUE	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional, Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 MIAW		28		Trust Fund Contribution	Added to Fees
Zp 	Country	Zφ	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
4 3316	25 DADE 9. Name and Address of Curren	29 29 Agent	30	Florida Statutes 10. Name and Address of New R	
COR	PORATION SERVICE COMPANY		81 Name		
	HAYS STREET			JONG, WAYMAN	
	AHASSEE FL 32301		82 Street Add	dress (P.O. Box Number is Not Accepta	AVE
			83	10 10 00 10 00	1175
)		84 00		Lot L Zin Code
	#		84 Cuy W Le	imi II	FL 85 Zip Code 33,778
11. Pursuant t	to the professions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named co	poration submits this statement for the ation's board of directors. I hereby acceptance	purpose of changing its registered
agent, hai	ego teredi ligarit, or doin, in the stat mytamiliar vi thi and adnopt the oblig	ations of, Section 607.0505, Flo	rida Statutes.	ation's board of directors, Thereby acce	pt the appointment as registered
SIGNATURE	M Wudt				2/10/97
	The state of the state of expellentials		Higistered Agent signature requ		DATE
12.	n - OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TIFLE	WONG, WAYMAN	[] DELLIE	1.1 TITLE		C change C Abdition
NAME STREET ADDRESS	3015 NORTHWEST 74TH AVE	NUE	1.2 NAME 1.3 STREET ADDRESS		
City-St-ZiP	MIAMI FL 33122		1.4 CITY-ST-ZIP		
71116	D	DELETE	2.1 TITLE		Change Addition
NAME	WONG, ROSE		2.2 NAME		
STREET ADDRESS	3015 NORTHWEST 74TH AVE	NUE	2.3 STREET ADDRESS		
011 - S1-2IP	MIAMI FL 33122		2. 4 CITY - ST - ZIP		
1011.F	,	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		1
CITY-ST ZIF	(magness	- Britze	3.4. CITY-ST-ZIP		Change Addition
TITLE		L. DELETE	4.1 HTLE		Change Addition
NAME Chick the service			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-S1-ZIF TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		_	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- \$1 - 20°			54 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	The same of the sa	☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		•
STREET ADDRESS		,	63 STREET ADDRESS		
CITY-\$1,70°		<u> </u>	64 CITY-ST-ZIP	77. A 37. 3. 22. 22. 23. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27	
14. I do hereb informatio	by certify that the information supplies in indicated on this annual report or	ed with this filing does not quali supplemental annual report is t	ty for the exemption state rue and accurate and the	ed in Section 119.07(3)(i), Florida Statul at my signature shall have the same leg	les. I further certify that the gal effect as if made under oath: that
Lam an o appears i	flicer or director of the collaboration on n Black 12 of Black 13 if dyanged,	ir the receiver or trustee empow ir on an attachigent with an add	vered to execute this reporters.	at my signature shall have the same leg ort as required by Chapter 607, Florida	Statutes; and that my name

appears in Black 12 of Black 13ht disanged, fir off an attachment with an address.

2/10/97 305-597-0077