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

DOCUMENT # P9600083651 (5)

J B P MARKETING CO.

Principal Plac	e of Rusiness	Mailing Address			I INDIVIDEN INE IDANE MISH MENK MENK MONTH BOSKI MONTH ITTER INTER UNDI MAKEN 11801 KAME		
13350 SW 50 ST. MIAMI FL 33175		13350 SW 50 ST. Miami FL 33175-5206					
					3. Date Incorporated or Qualified 10/10/1996	3a, Date of Last I	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	م ا	Applied For
21		26			65-0713174	 	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	Additional lequired
City & State	e e	City & State			Election Campaign Financing Trust Fund Contribution	,	May Be I to Fees
Ζιρ 24	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability for in	ntangible tax under:	s. 199.032,
	9. Name and Address of Curr	ent Registered Agent	<u> </u>		10. Name and Address of New Re-	gistered Agent	
	l, Jose			81 Name			
1339	50 SW 50 ST.		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
MIAI	MI FL 33175		ŀ	ou out that		, o,	
			ĺ	83			
			-	B4 City		lar 7:-	O-4-
				" '		FLII	Code
SiGNATURE	m familiar with, and accept the ob-			Ites. Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
1646	0	☐ DELETE	1.1 117	.E		☐ Change	Addition
NAME:	PITA, JOSE		1.2 NA	AE			
STREET ADDRESS	13350 SW 50 ST.		1.3 STF	EET ADDRESS			
CHY-ST-ZIP	MIAMI FL 33175	**************************************	1.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 TITI			Change	Addition
NAME			2.2 NAI	AE			
STREET ADDRESSS			2.3 STF	EET ADORESS			
CIFY ST-ZIP	The second secon	T oner		Y-ST-ZIP			——————————————————————————————————————
UT,F		☐ DELETÉ	3 1 TIT		· · •	Change	Addition
NAM			3.2 NA				
SPREET ADDRESS				EET ADDRESS			
COTY - ST - ZOP TITLE		DELETE		Y-ST-ZIP			11232
NAME			4.1 1111	i		Change	Addition
]			4. 2 NA				
STREET ADDRESS	,			EET ADDRESS			
OFY SEZE		DELETE		r-ST-ZIP			1 4 4 4 7 7
NAME		L' DECEIR	5 1 TITE			Change	Addition
			5 2 NA)				
STREET ADDRESS			5.3 STR	EET ADDRESS			

SIGNATURE:

CHY-SI-ZP

STREET ADORESS

1.11.1

MAME

DELETE

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

61 TITLE

6 2 NAME

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 in magachment with an address. 225-6349

Change

Addition

FILED

Apr 23 1997 8:00am

Secretary of State