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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

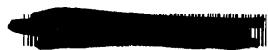
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001792

JAK ENTERPRISES, INC.

FILED May 07 1998 8:00am Secretary of State



										Щ	
Principal Place of Business Mailing Address								III.		11	
201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 CORAL GABLES FL 33134							DO NOT WRITE IN THIS SPACE				
•								Date Incorporated or Qualified			
								January 8, 1997			
2. Principal Place of Business 2a.			. Mailing Address				4.	. FEI Number	Apr	plied For	
1			26				ł	Pending	Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	. Certificate of Status Desired	\$8.75 A Fee Red		
City & State			City & State				6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	29	Zip	Country 30			8.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent							10	10. Name and Address of New Registered Agent			
RAPPORT, STEPHEN R					81	Name					
201 ALHAMBRA CIRCLE SUITE 711					82	Street A	Address (f	dress (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134					83						
					84	City		Fi	85 Zip C	ode	
office or re	the provisions of Sections 607,050 gistered agent, or both, in the State familiar with, and accept the obliga	of Flor	ida. Such change was a	authoriz	ed by	the corp	corporation s l	on submits this statement for the purpose board of directors. I hereby accept the ap	of changing its pointment as r	registered egistered	
SIGNATURE =	Ignature, typed or printed harne of registered age	nt and tit	a Language (NOT	C Dan nia	red Ane	at consume	ren ordel whee	n reinstatung) DATE			
2. OFFICERS AND DIRECTORS 1						a signatura	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP DELETE				1.1 TITLE			. 1001110110707	Change	Addition	
IAME I	341 10 05010 11000			- 1	: 2 NAME						
ANA MULAMBOA OIDOLE OLUTE TAA				- E -	£						
TREET ADDRESS ZUT ALHAMBHA CIHCLE, SUITE /11				1.3	1.3 STREET ADDRESS						

DELETE 2 1 TITLE Change Addition TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MAME 1, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 44 CITY-ST-ZIP Change DELETE TITLE 5.1 TITLE MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 01TY-37-21P 5.4 CITY-ST-ZIP DELE'E 5 : TITLE 20000252043 CAME 5.2 NAME -05/12/98--01055-5.3 STREET ACCRESS STREET ADORESS

oct qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an covered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trusts allock 12 or Block 13 if changed, or on an altrachment with

***150.00

(305)444-5255