

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mufson</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000028555 (5)**  
 1. Corporation Name  
**J.N.R. GROUP, INC.**



Principal Place of Business <b>7000 W PALMETTO PARK RD                  SUITE 400                  BOCA RATON FL 33433</b>	Mailing Address <b>7000 W PALMETTO PARK RD                  SUITE 400                  BOCA RATON FL 33433</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7000 W. PALMETTO PARK</b> Suite, Apt. #, etc. <b>22 #407</b> City & State <b>23 BOCA RATON FLORIDA</b> Zip <b>24 33433</b>	2a. Mailing Address <b>26 7000 W. PALMETTO PARK</b> Suite, Apt #, etc. <b>27 #407</b> City & State <b>28 BOCA RATON, FLORIDA</b> Zip <b>29 33433</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>03/28/1997</b>	4. FEI Number <b>RD 65-0756711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BITTER, GREGORY J**  
**7000 W PALMETTO PARK RD**  
**SUITE 400**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
**81 Name RAFI RUBINEZ**  
**82 Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK**  
**83 SUITE 407**  
**84 City BOCA RATON FL 85 Zip Code 33433**

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 RAFI RUBINEZ *Rafi Rubinez* **4/23/98**  
 Signature, typed or printed name of registered agent and date of application (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BITTER, GREGORY J</b>	
STREET ADDRESS <b>7000 W PALMETTO PARK RD STE 400</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>RAFI RUBINEZ</b>	
1.3 STREET ADDRESS <b>7000 W. PALMETTO PARK RD #407</b>	
1.4 CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: *Rafi Rubinez* **RAFI RUBINEZ PRESIDENT (561) 368-5420 4/21/98**

CR2E034 (10/97)