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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000023705 1. Corporation Name J & S WORLDWIDE, INC.			
Principal Place of Business 18522 NORTHEAST 2ND AVENUE MIAMI FL 33179		Mailing Address 18522 NORTHEAST 2ND AVENUE MIAMI FL 33179	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Name and Address of Current Registered Agent BRAGG, STEVE 18522 NORTHEAST 2ND AVENUE MIAMI FL 33179		4. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.)			
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME BRAGG, STEVE 1.3 STREET ADDRESS 18522 NORTHEAST 2ND AVENUE 1.4 CITY-ST-ZIP MIAMI FL 33179 ☐ DELETE 2.1 TITLE COO 2.2 NAME Bragg, Robert 2.3 STREET ADDRESS 18522 Northeast 2nd Avenue 2.4 CITY-ST-ZIP Miami, FL 33179 ☐ DELETE 3.1 TITLE ☐ DELETE 3.2 NAME ☐ DELETE 3.3 STREET ADDRESS ☐ DELETE 3.4 CITY-ST-ZIP ☐ DELETE 4.1 TITLE ☐ DELETE 4.2 NAME ☐ DELETE 4.3 STREET ADDRESS ☐ DELETE 4.4 CITY-ST-ZIP ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME ☐ Change ☐ Addition 1.3 STREET ADDRESS ☐ Change ☐ Addition 1.4 CITY-ST-ZIP ☐ Change ☐ Addition 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME ☐ Change ☐ Addition 2.3 STREET ADDRESS ☐ Change ☐ Addition 2.4 CITY-ST-ZIP ☐ Change ☐ Addition 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME ☐ Change ☐ Addition 3.3 STREET ADDRESS ☐ Change ☐ Addition 3.4 CITY-ST-ZIP ☐ Change ☐ Addition 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME ☐ Change ☐ Addition 4.3 STREET ADDRESS ☐ Change ☐ Addition 4.4 CITY-ST-ZIP ☐ Change ☐ Addition 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS ☐ Change ☐ Addition 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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, with all other like empowered.

SIGNATURE



1/11/99

305.652.9649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)