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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 17471 (1)  
1. Corporation Name

PJJ ENTERPRISES, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 12/11/1990  
3a. Date of Last Report 02/22/1996

2. Principal Place of Business  
21 2500 Hollywood Blvd.  
22 Suite/Apt. #, etc #212  
23 City & State Hollywood, Fl.  
24 Zip 33020  
25 Country Broward

2a. Mailing Address  
26 2500 Hollywood Blvd.  
27 Suite/Apt. #, etc #212  
28 City & State Hollywood, Fl.  
29 Zip 33020  
30 Country Broward

4. FEI Number 65-0231737  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name ROSS H. MANELLA ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable) 2500 Hollywood, Blvd.  
83 Suite #212  
84 City Hollywood FL 85 Zip Code 33030

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 *[Signature]* ROSS H. MANELLA 4/27/1997  
Signature typed or printed name of registered agent and title if applicable (Full Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | DARGIS, MARIO       |                                 |
| STREET ADDRESS  | 1250 PINE AVE.      |                                 |
| CITY - ST - ZIP | MONTREAL, CA        |                                 |
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | DARGIS, MARIE-JOSEE |                                 |
| STREET ADDRESS  | 1250 PINE AVENUE    |                                 |
| CITY - ST - ZIP | MONTREAL, CA        |                                 |
| TITLE           | PSID                | <input type="checkbox"/> DELETE |
| NAME            | DARGIS, PAQUERETTE  |                                 |
| STREET ADDRESS  | 1250 PINE AVENUE    |                                 |
| CITY - ST - ZIP | MONTREAL, CA        |                                 |
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | DARGIS, JOEL        |                                 |
| STREET ADDRESS  | 1250 PINE AVENUE    |                                 |
| CITY - ST - ZIP | MONTREAL, CA        |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

|                    |  |
|--------------------|--|
| 11 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP | MONTREAL, CANADA   |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |  |
| 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP | MONTREAL, CANADA   |
| 31 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |  |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP | MONTREAL, CANADA   |
| 41 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |  |
| 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP | MONTREAL, CANADA   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  | 800002167508   |
| 54 CITY - ST - ZIP | -05/06/97--01066--047  |
| 55                 | ***165.00  |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 CITY - ST - ZIP |  |

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, 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 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, appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/27/97 954-925-335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR (Typed Name)

CR2E034 (9/96)