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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S17471**

1. Corporation Name
PJJ ENTERPRISES, INC.

Principal Place of Business: 2500 HOLLYWOOD BLVD., STE. 212 HOLLYWOOD FL 33020
 Mailing Address: 2500 HOLLYWOOD BLVD., STE. 212 HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 12/11/1990
 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
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MANELLA, ROSS E
 2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020

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: #212
 84 City: Hollywood FL 85 Zip Code: 33020

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 2/20/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DARGIS, MARIO	
STREET ADDRESS	1250 PINE AVE.	
CITY-ST-ZIP	MONTREAL CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARGIS, MARIE-JOSEE	
STREET ADDRESS	1250 PINE AVENUE	
CITY-ST-ZIP	MONTREAL CANADA	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	DARGIS, PAQUERETTE	
STREET ADDRESS	1250 PINE AVENUE	
CITY-ST-ZIP	MONTREAL CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARGIS, JOEL	
STREET ADDRESS	1250 PINE AVENUE	
CITY-ST-ZIP	MONTREAL CANADA	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7462 Canora Street
1.4 CITY-ST-ZIP	Montreal, Quebec, Canada H3P 3J6
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7462 Canora Street
2.4 CITY-ST-ZIP	Montreal, Quebec Canada H3P 3J6
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7462 Canora Street
3.4 CITY-ST-ZIP	Montreal, Quebec, Canada H3P 3J6
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7462 Canora Street
4.4 CITY-ST-ZIP	Montreal Quebec Canada H3P 3J6
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pruden Dargis
5.3 STREET ADDRESS	7462 Canora Street
5.4 CITY-ST-ZIP	Montreal Quebec Canada H3P 3J6
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, with all other like empowered.

SIGNATURE: *[Signature]* Paquerette Dargis 2/20/99 (954) 925-3355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)