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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 **DOCUMENT # \$57325** (0)J B R INTERNATIONAL, INC. Principal Place of Business Mailing Address 621 S.W. 16TH CT. 621 S.W. 16TH CT. FT. LAUDERDALE FL 33315-1605 FT. LAUDERDALE FL 33315 3a. Date of Last Report 3. Date Incorporated or Qualified 06/05/1991 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0266509 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax uncler s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAAPHORST, JEANNE B. 621 S.W. 18TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33315 83 84 City 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. Land faulity will, and accept the obligations of, Section 607.0505, Florida Statutes. righture. Typed or pristor dame to the sterod agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. Change DELETE Addition THE 11 TITLE RAAPHORST, JEANNE B. 12 NAME CR2E034 NAME 621 S.W. 16TH CT. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TOTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-S1-7P DELETE Change Addition TI?LE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Channe Addition 5.1 TITLE TITLE 5.2 NAME NAMe 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Charipe Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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. 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