


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

FILED

May 14 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 # S87607 (5)					
1. Corporation Name INTERNATIONAL JUNIOR GOLF OF AMERICA, INC.					
Principal Place of Business 500 E. BROWARD BLVD. SUITE 1400 920 FT. LAUDERDALE FL 33394			Mailing Address 500 E. BROWARD BLVD. SUITE 1400 920 FT. LAUDERDALE FL 33394-3005		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1991	
21 Suite, Apt. #, etc. 920		26 Suite, Apt. #, etc. 920		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 65-0292207	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MARULANDA, CARLOS A 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 Suite 920		
			84 City FL 85 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. 04-28-97					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE DOS <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME A, CARLOS MARULANDA			1.2 NAME		
STREET ADDRESS 688 STANTON DRIVE			1.3 STREET ADDRESS		
CITY - ST - ZIP FORT LAUDERDALE FL 33328			1.4 CITY - ST - ZIP		
TITLE DO <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MARULANDA, PABLO A			2.2 NAME		
STREET ADDRESS 18444 NW 8TH COURT			2.3 STREET ADDRESS		
CITY - ST - ZIP PEMBROKE PINES FL 33029			2.4 CITY - ST - ZIP		
TITLE DO <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CESAR, MARULAND A			3.2 NAME		
STREET ADDRESS 694 STANTON DR			3.3 STREET ADDRESS		
CITY - ST - ZIP FT. LAUDERDALE FL 33328			3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ (954) 463-2900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CP2E034 (9/96)