

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V35979** (6)

1. Corporation Name
J INDUSTRIES, INC.



Principal Place of Business Mailing Address
13240 SW 102ND ST MIAMI FL 33186

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0333641** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**PANTER, MITCHELL J.
6950 N KENDALL DR
2ND FLOOR
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE _____ Date _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | DP <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WISHE, JEROME | 2. NAME | |
| STREET ADDRESS | 13240 SW 102ND ST | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI FL | 4. CITY-STATE-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVENSTEIN, EDWARD | 6. NAME | |
| STREET ADDRESS | 13240 SW 102ND ST | 7. STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI FL | 8. CITY-STATE-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WISHE, FREYA | 10. NAME | |
| STREET ADDRESS | 13240 SW 102ND ST | 11. STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI FL | 12. CITY-STATE-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVENSTEIN, DORITA | 14. NAME | |
| STREET ADDRESS | 13240 SW 102ND ST | 15. STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI FL | 16. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-STATE-ZIP | | 20. CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY-STATE-ZIP | | 24. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or director authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached form with a 12 or 13 entry.

SIGNATURE: *Edward Levenstein* Edward Levenstein *4/29/96* 387-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)