

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V36431** (7)

1. Corporation Name
DKJRAR, CORP.

Principal Place of Business 9999 N.E. 2ND AVENUE SUITE 306 MIAMI SHORES FL 33138	Mailing Address 9999 N.E. 2ND AVENUE SUITE 306 MIAMI SHORES FL 33138-2346
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/13/1992	3a. Date of Last Report 04/01/1996
				4. FEI Number 65-0335349	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KAPLAN, DONALD A. 9999 N.E. 2ND AVENUE SUITE 306 MIAMI SHORES FL 33138				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	Change Addition	
NAME	KAPLAN, DOANLD A.	<input type="checkbox"/>	1.2 NAME		
STREET ADDRESS	9999 N.E. 2ND AVENUE	<input type="checkbox"/>	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	<input type="checkbox"/>	1.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	2.1 TITLE	Change Addition	
NAME	ROBBINS, JOAN	<input type="checkbox"/>	2.2 NAME		
STREET ADDRESS	9999 N.E. 2ND AVENUE	<input type="checkbox"/>	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	<input type="checkbox"/>	2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	3.1 TITLE	Change Addition	
NAME	REIBEL, ALBERT	<input type="checkbox"/>	3.2 NAME		
STREET ADDRESS	9700 BROADVIEW TERRACE	<input type="checkbox"/>	3.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISL. FL	<input type="checkbox"/>	3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	Change Addition	
NAME		<input type="checkbox"/>	4.2 NAME		
STREET ADDRESS		<input type="checkbox"/>	4.3 STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>	4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	5.1 TITLE	Change Addition	
NAME		<input type="checkbox"/>	5.2 NAME		
STREET ADDRESS		<input type="checkbox"/>	5.3 STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>	5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE	Change Addition	
NAME		<input type="checkbox"/>	6.2 NAME		
STREET ADDRESS		<input type="checkbox"/>	6.3 STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>	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: 
Donald A. Kaplan, Director
Date: **4-3-97** Daytime Phone: **(305) 758-2220**
0188655

CR2E034 (9/96)