

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V38676 (5)
 1. Corporation Name
J. F. B. TRADING CO.



Principal Place of Business 3475 SHERIDAN ST. 314 HOLLYWOOD FL 33021 US	Mailing Address 3475 SHERIDAN ST. 314 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1161 SOUTH PARK ROAD Suite, Apt. #, etc. 22 204 City & State 23 HOLLYWOOD FL Zip Country 24 33021 25 USA		2a. Mailing Address 26 1161 SOUTH PARK ROAD Suite, Apt. #, etc. 27 204 City & State 28 HOLLYWOOD FL Zip Country 29 33021 30 USA		3. Date Incorporated or Qualified 05/26/1992	4. FEI Number 65-0336115	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THOMPSON, DISNEY D 109 E. FLAGLER ST. SUITE 1524 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name MELODY R. LAVRKH, E.A. 82 Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET - STE 108 83 84 City HOLLYWOOD FL 85 Zip Code 33021			
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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 *Melody R. Lavrkh, E.A.* **MELODY R. LAVRKH, E.A.** **4/30/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REZENDE, MARIA MADALENA			1.2 NAME			
STREET ADDRESS	10611 EDINBURGH ST.			1.3 STREET ADDRESS	1161 S PARK ROAD #204		
CITY-ST-ZIP	COOPER CITY FL			1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	VDC	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE REZENDE, JOAO LUIS P			2.2 NAME	1161 S PARK ROAD #204		
STREET ADDRESS	10611 EDINBURGH ST.			2.3 STREET ADDRESS	HOLLYWOOD FL 33021		
CITY-ST-ZIP	COOPER CITY FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Maria Madalena Rezende* **MARIA MADALENA REZENDE** **5.1.98** **9549630876**

CR2E034 (10/97)