

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

APPROVED AND FILED

1998 JAN 26 PM 12:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worsham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V42788 (2)
 1. Corporation Name
BROWARD & JOHNSON INTERNATIONAL, INC.

Principal Place of Business 2952 NW 72 Ave. Miami, FL 33122	Mailing Address 2952 NW 72 Ave. Miami, FL 33122
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DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 6/8/92	4. FEI Number 52-1794737	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	
7. This corporation owns or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business 22. Bldg. Apt. #, etc. 23. City & State 24. Zip	25. Mailing Address 26. Bldg. Apt. #, etc. 27. City & State 28. Zip	29. Country	30. Country
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8. Name and Address of Current Registered Agent
 Armando Hernandez, CPA
 520 Biltmore Way
 Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL
86. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Johnny Nowakoski
STREET ADDRESS		1.3 STREET ADDRESS	2952 NW 72 Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Alberto Golnick
STREET ADDRESS		2.3 STREET ADDRESS	2952 NW 72 Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Wilmer Palowa
STREET ADDRESS		3.3 STREET ADDRESS	2952 NW 72 Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33122
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	

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 ***\$150.00 ***\$150.00

12/26/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: Johnny Nowakoski 1/22/98 (305) 717-0990

Signature and Title of Member, Officer or Director of Corporation Date Daytime Phone #

CR2E064 (10/97)