

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

FILED
Mar 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
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DOCUMENT # **V70614** (5)
1. Corporation Name
J. B. CONTRACTORS, INC.



Principal Place of Business 2817 PRAIRIE AVENUE 200 MIAMI BEACH FL 33140 US		Mailing Address 20803 BISCAYNE BLVD STE 200 AVENTURA FL 33180-1429 US		3. Date Incorporated or Qualified 10/13/1992	3a. Date of Last Report 03/07/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0367001	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
24. Country	29. Country				

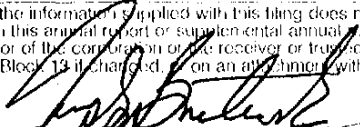
9. Name and Address of Current Registered Agent SCHNEIDER, ALAN B. 20803 BISCAYNE BLVD STE. 200 AVENTURA FL 33180		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11. TITLE	☐ Change ☐ Addition
NAME	BISTRITZ, JOSEPH	12. NAME	
STREET ADDRESS	C/O 20803 BISCAYNE BLVD., STE. 200	13. STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	14. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	21. TITLE	
NAME	BISTRITZ, JOSEPH	22. NAME	
STREET ADDRESS	C/O 20803 BISCAYNE BLVD., STE 200	23. STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	24. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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, on an annual report with an address

SIGNATURE:  JOSEPH M. BISTRITZ 3/5/97 (305) 532-4400

CR2E034 (9/96)