

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

FILED
Apr 14 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 # F88553 (5)
 1. Corporation Name
JONKER INTERNATIONAL (USA) INC.



Principal Place of Business % GERHARDT A. SCHREIBER 890 S. DIXIE HIGHWAY MIAMI FL 33146	Mailing Address % GERHARDT A. SCHREIBER 890 S. DIXIE HIGHWAY MIAMI FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7600 RED ROAD Suite, Apt. #, etc. 22 #104A City & State 23 SOUTH MIAMI, FL Zip 24 33143 Country		2a. Mailing Address 26 2222 PONCE DE LEON BLVD. Suite, Apt. #, etc. 27 PENTHOUSE SUITE City & State 28 CORAL GABLES, FL. Zip 29 33134 Country		3. Date Incorporated or Qualified 06/28/1982	
4. FEI Number 59-2707973		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"/>		7. \$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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHREIBER, GERHARDT A 890 S DIXIE HIGHWAY CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
81 Name GERHARDT A. SCHREIBER		82 Street Address (P.O. Box Number is Not Acceptable) 2222 PONCE DE LEON BLVD.		83 PENTHOUSE SUITE			
84 City CORAL GABLES,		85 State FL		86 Zip Code 33134			

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 STREET ADDRESS CITY-ST-ZIP	VD VIDAL, JOSEPH A 16 SUNRISE AVE CORAL GABLES FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ASSISTANT SECRETARY/D VIDAL VANESSA R. 16 WEST SUNRISE AVE. CORAL GABLES, FL. 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIDAL, JOSEFINA 16 SUNRISE AVE CORAL GABLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAWADZKI, RODRIGO 7635 SW 146 CT MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph A Vidal* **4/2/98** **6611422**

CR2E034 (10/97)