

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90261 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** F88553 (5)  
 1. Corporation Name  
 JONKER INTERNATIONAL USA INC.

Principal Place of Business Mailing Address  
 7600 RED ROAD SUITE 102 SOUTH MIAMI, FLORIDA 33143 US  
 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 6/28/1982

4. FEI Number  
 59-2707973

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 7600 RED ROAD Suite, Apt. #, etc. 26 2222 PONCE DE LEON BLVD Suite, Apt. #, etc.

22 SUITE 104A City & State 27 PENTHOUSE SUITE City & State

23 SOUTH MIAMI, FL 28 CORAL GABLES, FL

24 33143 25 Country 29 33134 30 Country

9. Name and Address of Current Registered Agent  
 SCHREIBER, GERHARDT A.  
 2222 PONCE DE LEON PENTHOUSE SUITE  
 CORAL GABLES, FL 33134

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, FL  
 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, JOSEPH A	1.2 NAME	
STREET ADDRESS	16 W. SUNRISE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, JOSEFINA Y	2.2 NAME	
STREET ADDRESS	16 WEST SUNRISE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	2.4 CITY-ST-ZIP	
TITLE	ASSTANT SECRETARY/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, VANESSA R.	3.2 NAME	
STREET ADDRESS	16 WEST SUNRISE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAWADZKI, RODRIGO	4.2 NAME	
STREET ADDRESS	7635 S.W. 146 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA	4.4 CITY-ST-ZIP	
TITLE		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		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, with all other like empowered.

SIGNATURE: *Joseph Vidal* Joseph VIDAL Date: 4/22/99 Daytime Phone #: 305 661/422

CR2E034 (11/98)