FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:34

DOCUMENT # J11128 (2)

1. Corporation Name
JAE MANUFACTURING, INC.

Principal Place of Business
% JOSEPHINE P. TAVONE
2315 S.W. 31ST AVE.
HALLANDALE FL 33009

Mailing Address
% JOSEPHINE P. TAVONE
2315 S.W. 31ST AVE.
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1986
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21: 12399 S.W. 53 Street
22 Suite, Apt. #, etc.: Suite #101
23 City & State: Cooper City, Fl
24 Zip: 33330
25 Country:

2a. Mailing Address
26: 12399 S.W. 53 Street
27 Suite, Apt. #, etc.: Suite #101
28 City & State: Cooper City, Fl
29 Zip: 33330
30 Country:

4. FEI Number: 59-2663699 ☐ Applied For ☐ Not Applicable

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAVONE, JOSEPHINE P.
2315 S.W. 31ST AVE.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 12399 S.W. 53 Street
83: Suite #101
84 City: Cooper City FL 85 Zip Code: 33330

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)
(Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when marked by)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: TAVONE, JOHN STREET ADDRESS: 3608 BRIDGE RD CITY-ST-ZIP: COOPER CITY FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: DS NAME: TAVONE, JOSEPHINE P. STREET ADDRESS: 3608 BRIDGE RD CITY-ST-ZIP: COOPER CITY FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 (*).

SIGNATURE: Josephine P. Tavone Josephine P. TAVONE 3-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date)

0077481 CP