SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $373)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

'95 JUL -5 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **264250** **(2)**

1. Corporation Name

J.A.T. COMPANY, INCORPORATED.

Principal Place of Business	Mailing Address
325 NW 28TH STREET MIAMI FL 33127	325 NW 28TH STREET MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1962**	3a. Date of Last Report: **06/16/1994**
4. FEI Number: **59-0980050**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund (optional) ☐	**$5.00** May Be Added to Fees
7. Principal Place of Business: 21 / 22 / 23 / 24 / 25	7a. Mailing Address: 26 / 27 / 28 / 29 / 30
8. This corporation has assets or liabilities under $ 100,000? Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEMARCO, ALFRED **325 NW 28TH STREET** **MIAMI FL 33127**	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: (Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS, OR CHANGES	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	ABRAMS, PETER	12 NAME	
13 STREET ADDRESS	321 MANOR PL	13 STREET ADDRESS	
14 CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	DEMARCO,ALFRED	22 NAME	
23 STREET ADDRESS	1420 COUNTRY CLUB PRADO	23 STREET ADDRESS	
24 CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
31 TITLE	ST	31 TITLE	☐ Change ☐ Addition
32 NAME	ABRAMS, PATRICE	32 NAME	
33 STREET ADDRESS	321 MANOR PL	33 STREET ADDRESS	
34 CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is accurate 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 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 above or on an attachment with an addition.

SIGNATURE: Peter Abrams 6/20/95 305-776-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)

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