	LICATION FOR 91-94 STATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	ENT OPSTATE ortham State		AND ALED		
DOCUMENT # 280356 1. Corporation Name JAYHAWK INVESTMENTS CORP.				97 OCT 20 AM II : 0 I SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2736 Ferrin Road Las Vegas, NV 89117		Malling Address 6540 Jerome Court Manassas, VA 20112					
If above addresses are incorrect in any way, line three 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		Sulte, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Floride Apr£1 14, 1964			
City & State		City & State		5. FEI Number 59~103		Applied For	
Z(p Country USA		Zip Country		6.	S8.75 A	Not Applicable	
7 Namos 6		US				Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (F Title(s) 2		S C	Street Address of Each Officer and/or Director		City / State / 2	Zip	
P Anne D'Agostino		2736 Fe	2736 Ferrin Road		Las Vegas, NV 89	9117	
VP	Davi M. D'Agostino 6540 Jerome Cour		rome Court		Manassas, VA 201	112	
SEC	Tracy Lynn Grant	3422 Ti	3422 Timothy Lane		Richmond, TX 77469		
			R	EINST/		00—5 03009 <u>₩1876725</u>	
						allan 10/20/0	
·	8. Name and Address of Current i	Registered Agent	Name	9. Name and A	ddress of New Registered Agent	Mar	
Neal	Kalis		Nea1 Ka1 Street Address (F	NO. Box Number i ffin Road	State Zip	Code 33314	
10. I, being Signature of Registered A		ve named corporation, am familiar v		bligations of Section			
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intangible tax to th 199.032, Florida Stat	he tutes. Yes[(See other side for i on intangible		
this reins owed by	hat I am an officer or director or the receiv tatement application, the reason for disso the corporation have been paid and the n pplication is true and accurate, and my sig	lution has been eliminated, the corp ames of individuals listed on this for	orate name satisfies rm do not qualify for a	the requirements an exemption und	of section 607.0401 or 617.0401 E	S that all face	
SIGNAT		THE NAME OF SIGNING OFFICER OR President	DIRECTOR	1	0/15-/9> 25 Date Daytime F	5~5-6420 Phone #	