

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 AUG 27 PM 12:32

DOCUMENT # 395265 (2)

1. Corporation Name

JEFFROSE, INC.



400001939214

-09/05/96--01017--004

\*\*\*\*225.00 \*\*\*\*225.00

Principal Place of Business

1525 NE 125 ST  
16100 NE 16TH AVE STE B  
NO MIAMI FL 33161  
US

Mailing Address

% HIXSON, MARIN, POWELL & DE SANCTIS PA  
16100 NE 16TH AVE STE B  
N MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

02/07/1972

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 1525 NE 125 ST

26

4. FEI Number

59-1456882

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, DONALD F CPA  
16100 NE 16TH AVE N  
MIAMI BEACH FL 33162

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

Signature typed or printed name of the registered agent and the corporation

(Printed) Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SACKS, ISSIE  
STREET ADDRESS 197 HARLAND RD.  
CITY-ST-ZIP MONTREAL, CANADA  
☒ DELETE

1 TITLE P  
12 NAME  
13 STREET ADDRESS 197 Harland Road  
14 CITY-ST-ZIP montreal, CANADA  
☐ Change ☐ Addition

TITLE S  
NAME SACKS, ROSE  
STREET ADDRESS 197 HARLAND RD.  
CITY-ST-ZIP MONTREAL, CANADA  
☒ DELETE

2 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/96

Date

Corporate Printout

CR2E034 (12/95)