

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 476038

1. Corporation Name

Jayshawn Inc

Principal Place of Business

Mailing Address

1120 Stillwater Drive
Miami, Fla 33141-1026

3. Date Incorporated or Qualified

3a. Date of Last Report

5/7/75

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-1672614

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sam Reiter
1120 Stillwater Drive
Miami, Fla 33141-1026

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME 1.2 STREET ADDRESS 1.3 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 NAME 1.6 STREET ADDRESS 1.7 CITY-ST-ZIP 1.8 NAME 1.9 STREET ADDRESS 1.10 CITY-ST-ZIP 1.11 NAME 1.12 STREET ADDRESS 1.13 CITY-ST-ZIP 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP	DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE
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2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
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900002190049
-05/23/97--01082--030
***8.75

700002190047
-05/23/97--01082--029
***165.00

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Reiter

4/25/97 305-757-5518

Date

Daytime Phone #

CR2E034 (9/96)