

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

**APPROVED
AND
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1995 APR 28 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**

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



DOCUMENT # 515980 (1)

1. Corporation Name
JABI, INC.

Principal Place of Business
**1036 S.W. 1 ST.
MIAMI FL 33130
US**

Mailing Address
**1036 SW FIRST ST
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 1036 S.W. 1 ST.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 MIAMI FLORIDA.

24 Zip
33130

25 Country
US.

3. Date Incorporated or Qualified
10/06/1976

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1713666

4b. 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**

5. This corporation has liability for interjurisdiction tax under G. 195.032, Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICE/CANTERA &
ASSOCIATES INC.
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent
**81 Name
FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.
83
84 City
MIAMI FL 85 Zip Code
33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, Sec. 607.0503, Florida Statutes.

SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES.** **4/95** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1.1 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, JACOBO	1.2 NAME	
STREET ADDRESS	12450 S.W. 99TH TERRACE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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]* **JACOBO LEHMAN** **4/95** DATE