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

PROFIT CORPORATION ANNUAL REPORT



FLOR/DA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

593519

(2)

J.A.S.P., INC.

Principal Place of Business

1861 N.W. 8TH AVE MIAMI FL 33136

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

Mailing Address

1861 N.W. 8TH AVE MIAMI FL 33136



Degrare Priorie #

					11/08/1978	3a. Date of Last 1	кероп <b>995</b>
Principal Place ////-	BISCAGNU BIND	2a. Mailing Addres 26 ////- B/S	CAYNO ;	BIXD	4. FET Number 59-2004108		Applied For Not Applicable
Suite, Apt. #	- 1705	Suite, Apl. #1900	5		5. Certificate of Status Desired	, ,	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	<b>)0</b> May Be ed to Fees
Zip 4	Country <b>25</b>	Zip [29]	Gountry 30		8. This corporation has liability for in Florida Statutes Yes	□No	s 199.032,
<del> </del>	9, Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
	ORPORATE SERVICES 1ST AVE, STE 2000		82	Street Addre	ss S.O. Box Number is Not a ceptate	(A)	THE THE PERSON ASSESSMENT OF THE PERSON
MIAMI FL	. 33128		83	~ · · · · · ·	<b>3</b> 000	Environmental and records on the second and an environmental and an environmental and an environmental and an e	
•			84	City	<u> </u>	FL 85 2	7ip Code 3313/
or registere	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida i, and accept the obligations of, Sectio	. Such change was authori.	zed by the corpor	ration's board	tion such its this statement for the purit dof directors. Thereby accept the appo	pese of enanging its sintment as registere	registered blic id agent. I am
s	lignature, typical de produce mode est registere d'agent ac		OTE: At gistered Agent's	synature required	The statement of the company of the	DATE	
12.	PD OFFICERS AND	DIRECTORS — DELÉTE	13. 1 1 HILE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
NAME	MIZRAHI, ISAAC	L. J bereit	1.2 NAME			ET puttings	L Madition
	11111 BISCAYNE BL #1705			Donice			
STREET ADDRESS	MIAMI FL	÷	1.3 STHEFT A				
CITY-ST-ZIP	ST	[7] DÉLETE	14 CHY+SF- 2 1 THE	ZIF		Change	☐ Addition
NAME	COTTLER, MARY	[ ] beer to	2.2 NAME			[ ] onlinge	
STREET ADORESS	11111 BISCAYNE BL #1705		23 STREET A	DD8493			
City-S1-ZiP	MIAMI FL		2 4 CHY-SI-				
TITLE		DELETE	3 1 TITLE	.*"		☐ Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			33 STREET A	ADDRESS			
CITY-ST-ZIP			3.4 CH1Y - ST-	- 7IP			
TITLE		[] DELETE	4. 1 TITLE			[] Change	Addit-on
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP		. ,	4.4 C+1Y - ST	ZIP			
TITLE		DELETE	5 1 Title			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CiTY - S1 -	-7 <sub>1</sub> P			
TITLE		[]] DELETE	6 11014			Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET A	DURESS			
CITY-ST-ZIP			6.4 CI*Y - S1				
certify that oath; that I	cortify that the information supplied withe information indicated on this annua am an officer or director of the corporablock 12 or Block 13 if changed, or or	I report or supplemental material or	nual:eport is true eezmpowered to	and accurat	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Fig.	same legal effect as	if made under