SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

JAY & JAY EXPORT. INC.

1.	,

FILED Jul 30 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address			
* JOSE HAIM 12865 N.E. SECOND AVE. N. MIAMI FL 33161 ** JOSE HAIM 12865 N.E. SECOND AVE. N. MIAMI FL 33161		DO NOT WRITE IN THIS SPACE		
			Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a, Mailing Address		06/03/1980 4. FEI Number	10/14/1996 Applied For
21	26		59-2004933	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		6. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	
24 25	29 3	0	Personal Property Tax due June	
g, Name and Address of Currer	nt Registered Agent	81 Name -	10. Name and Address of New Re	gistered Agent
BENNETT, JOSH	ALUER ASSA	100	sh Bennett	
FIRST UNION FINANCIAL CENTER SUITE 1050 B2 Street Addres 200 S. BISCAYNE		ess (P.O. Box Number is Not Acceptat	ole)	
MIAMI FL 33131		83	SE second stre	
		84 City	Miam;	FL 85 Zip Code 3 3 (3)
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.				
1 - 10510 1600	ations of, Section 607.0505, Florid	da Statutes.	mme 71	18197
SIGNATURE Signature typed or printed name of registered age		Registered Agent signature require	ed when reinstating)	DATE
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME PAULETTE, HAIM		1.2 NAME		
STREET ADDRESS 12865 NE 2ND AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP N. MIAMI FL	D DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		İ
CITY-ST-ZIP	☐ DELET É	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		1
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		İ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	, 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5.4 CITY-ST-ZIP		
TITLE	DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 requirer or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, for on an attachment with an address.