

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -2 PM 3:08

DOCUMENT # F94000001916 (5)

1. Corporation Name

JAYMONT PROPERTIES INCORPORATED

Principal Place of Business

**ONE BISCAYNE TOWER, SUITE 1470
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address

**ONE BISCAYNE TOWER, SUITE 1470
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

13-2941886

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 registered agent and firm if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	EL-HADDAD, OSAMA
STREET ADDRESS	2 S BISCAYNE BLVD., #1470, 1 BISCAYNE TOWR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	CP
NAME	FONG, MICHAEL C
STREET ADDRESS	2 S BISCAYNE BLVD., #1470, 1 BISCAYNE TOWR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D
NAME	JAMEEL, MAGDI
STREET ADDRESS	1 RUE DES GENETS
CITY-ST-ZIP	MONTE CARLO, MONACO
TITLE	ST
NAME	LOVELL, RICHARD C
STREET ADDRESS	2 S BISCAYNE BLVD., #1470, 1 BISCAYNE TOWR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	El Haddad Osama	
1.3 STREET ADDRESS	2 S. Biscayne Blvd , Suite 1470	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	Fong, Michael C	
2.3 STREET ADDRESS	2 S. Biscayne Blvd., Suite 1470	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(h), Florida Statutes. I further certify that the information indicated in 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 of this report, or on an attachment with an address.

SIGNATURE:

Richard C. Lovell

Richard C. Lovell

1-31-95

(305) 374-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number