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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 05 1997 8:00am

Secretary of State

129.97 305-666-8981

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002018 (8)

JAG, INC. OF DELAWARE

Principal Place of Business Mailing Address					91 1011 18W1
P-O. BOX 330211 OOCONUT GROVE EL 33233		P.O. BOX 690211 COOONUT GROVE FL 32233 0211-			
			3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last F 05/14/1996	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		pplied For
1 90 Edgewater Driv	e 26 90 Edgewa	ter Drive	<u>-50-3318730 - 65 - 05</u>		ot Applicable
Suite, Apt. #, 6tc 2 1119	Suite, Apt #, etc. 27 1119		5. Certificate of Status Desired	Fee R	Additional equired
City & State	City & State		6. Election Campaign Financing		May Be
3 Coral Gables, FL Zip Country	28 Coral Gabl	Country	Trust Fund Contribution		to Fees
¬ '	<u> </u>	\Box	This corporation has liability for I Florida Statutes	intangible tax under : ∐Yes Kal No	s. 199.032,
4 33133 25 Dade 9. Name and Address of	Current Registered Agent	30 Dade	10, Name and Address of New Re		······································
FARR, NEAL E		81 Name			
% MCCLASKEY & FARR		82 Street Add	ra Vitto Iress (P.O. Box Number is Not Acceptat	-la\	
1550 MADRUGA AVE., SUITE-	-12 0		Edgewater Drive	ole)	
CORAL GABLES FL 33146		B3			
-		84 City		er 7:0	Codo
Λ .		Cos	ral Gables		Code 3133
11. Pursuant to the provisions of Sections 6	607,050a and 607,1508, Florida Statut	es, the above-named cor	poration submits this statement for the p	ourpose of changing	its registered
	ig/State of Florida. Such change was a	authorized by the corpore	ation's board of directors. I hereby accep	pt the appointment as	s registered
agent Lam familiar with, and accept the	e obligations of Section 607.0505. Flo	orida Statutes.			
1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	e obligations of Section 607.0505, Flo	orida Statutes.			
SIGNATURE DUW VI	de	orida Statutes. E Registered Agent signature requ		DATE	
SIGNATURE J. C. C. Signature is specified to shinted transie of regist	INSTITUTE AND DIRECTORS (NOT			DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE Signature by Signature parties of region 12. OFFICE	stried agent and tile if applicable (NOTI	E. Registered Agent signature requ	ured when rainstating)	DATE	RS IN 12
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