

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90089 042 \*\*\*150.00

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1. Corporation Name

JAY'S INDUSTRIES OF DELAWARE, INCORPORATED

Principal Place of Business

300 71ST ST #640  
MIAMI BCH FL 33141

Mailing Address

300 71ST ST #640  
MIAMI BCH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

13-2641204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7177 W. INTERNATIONAL  
Suite, Apt. #, etc.

22 Court, Suite 101  
City & State

23 HONDASSA, FL  
Zip Country

24 34446 25 U.S.A.

2a. Mailing Address

26 7177 W. INTERNATIONAL  
Suite, Apt. #, etc.

27 Court, Suite 101  
City & State

28 HONDASSA, FL  
Zip Country

29 34446 30 U.S.A.

9. Name and Address of Current Registered Agent

ZIPPER, JAY B  
300 71ST ST #640  
MIAMI BCH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7177 WEST INTERNATIONAL COURT

83 Suite 101

84 City

HONDASSA

FL

85 Zip Code

34446

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAY B. ZIPPER

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ZIPPER, JAY B  
STREET ADDRESS 19141 FOX LANDING DR  
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME DVT  
STREET ADDRESS HERNANDO, EDUARDO R  
CITY-ST-ZIP 537 MINORCA AVE  
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (352) 382-3122  
Date Daytime Phone #

CR2E034 (11/98)

0209640