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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H39143

(3)

DOCUMENT #
1. Corporation Name JAPSPEED, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAY 10 PM 1:47



Principal Place of Business	Mailing Address				1111 01011 01011 0		11 81811 1881
5411 NW 72ND AVE.	5411 NW 72ND	AVE.					
MIAMI FL 33166	MIAMI FL 33166		Date Incorporated or Qualified 01/22/1985	3a. Date o	f Last Repo 25/1995		
Principal Place of Business	2a. Mailing Addres	5S		4. FEI Number	.1		plied For
]	26			59-2517148			t Applicable
Suite, Apt. #, etc	Suite, Apt #.	etc.		52 Certificate of Status Desired	XX	\$8.75 A	
<u> </u>	27			6. Election Campaign Financing		\$5.00	_`
City & State	City & State			Trust Fund Contribution		Added t	
T Counts	28 Z(p)	Cou	intry	8. This corporation has liability for i	intangible tax	unders 1	99 032,
Zip Country 25	29	30	,	Florida Statutes XX Yes	□ No		
9. Name and Address of C				10. Name and Address of New P	legistered A	gent	
			81 Name				
MACKENZIE, IAN MARK			82 Street Addr	dress (P.O. Box Number is Not Acceptable)			
5411 NW 72ND AVE.		Last					
MIAMI FL 33166		83					
			84 City		FL	85 2p	Code
 Pursuant to the provisions of Sections 607 or registered agent or both, in the State of familiar with, and accept the obligations of 			1	ation a houte this et alogsest for the nu	-acce of obor	naina its rec	nistered office
	RS AND DIRECTORS	13.	inte	ADDITIONS/CHANGES TO OFF	TOLING AND] Change	Addition
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NAME MACKENZIE, IAN		1.0	NAME !				
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roo nereby certify that the information supplies whereing is voluntarily immission and does not querily for the exemption stated in deciding 19.0 (a), notice 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 undo eath; 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKNING OFFICER OR DIRECTOR

5/7/96 305 -888 -2828