FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:04

3-27-57

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K00257 (1)

1. Corporation Name
JAYHAWK CONTRACTORS, INC.

Principal Place of Business	Mailing Address
160 NW 176TH ST., ROOM 400 MIAMI FL 33169	160 NW 176TH ST., ROOM 400 MIAMI FL 33169

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0026229 ☐ 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	10. Name and Address of New Registered Agent
LEITER, MARTIN C/O LEITER & ASSOCIATES, INC. 160 NW 176TH ST., ROOM 403 MIAMI FL 33169	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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	ROSE, JIM	1 2 NAME	
STREET ADDRESS	8295 NW 93 ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	VDST ☒ Change ☐ Addition
NAME	LEITER, MARTIN	2 2 NAME	Leiter, Martin
STREET ADDRESS	160 NW 176TH ST.	2 3 STREET ADDRESS	160 NW 176 St.
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	Miami, Fl
TITLE	S	3 1 TITLE	VP ☒ Change ☐ Addition
NAME	BERWICK, PAT	3 2 NAME	Clarence Herrington
STREET ADDRESS	160 NW 176TH ST.	3 3 STREET ADDRESS	160 N.W. 176 St.
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	Miami, Fl
TITLE	VD	4 1 TITLE	VP ☐ Change ☒ Addition
NAME	PEREZ, GEORGE	4 2 NAME	Brian Axelrod
STREET ADDRESS	160 NW 176TH ST.	4 3 STREET ADDRESS	160 N.W. 176 St.
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	~~Miami, Fl~~
TITLE	VD	5 1 TITLE	☐ Change ☐ Addition
NAME	ROSE, DAVID	5 2 NAME	
STREET ADDRESS	8295 NW 93 ST.	5 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5 4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on the 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 the 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: 3/9/95 (305) 652-5145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Martin Leiter, Vice President/Director

0186096 CP