

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K92007 (9)

1. Corporation Name

JARAD SOUTH, INC.



Principal Place of Business

%DONALD GLAZER
6990 NW 37TH COURT
MIAMI FL 33147

Mailing Address

%DONALD GLAZER
6990 NW 37TH COURT
MIAMI FL 33147

3. Date Incorporated or Qualified
05/30/1989

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 8105 HARDING AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 8105 HARDING AVE
Suite, Apt. #, etc.

4. FEI Number

65-0119275

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

City & State

23 Miami Beach FL

City & State

28 Miami Beach, FL

Zip

24 33141

Country

25 DA

Zip

29 33141

Country

30

9. Name and Address of Current Registered Agent

GLAZER, DONALD
8105 HARDING AVENUE
MIAMI BEACH FL 33141

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 Donald J. GLAZER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3-5-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GLAZER, GAIL
STREET ADDRESS 6690 NW 37TH COURT
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME NEWMAN, MARLENE
STREET ADDRESS 6690 N.W. 37TH COURT
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE STD
NAME GLAZER, DON
STREET ADDRESS 6690 N.W. 37TH COURT
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

8105 HARDING AVE
MIAMI BEACH, FL 33141

DP
TER) GLAZER
3475 CRAWFORD AVE
MIAMI FL 33133

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(3)(k), 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.

SIGNATURE: Donald J. GLAZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-19-96 (305) 868-8681

CR2E034 (12/95)