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 FEB -9 AM 11:30

DOCUMENT # L24312 (5)

1. Corporation Name
JAYWALKERS BY LE-JAY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 6157 N.W. 167th St.	26 6157 N.W. 167th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 F-10	27 F-10
City & State	City & State
23 Miami, FLORIDA	28 Miami, FLORIDA
Zip / Country	Zip / Country
24 33015 / 25 USA	29 33015 / 30 USA

4. FEI Number: 65-0278939 ☐ 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

JACOVITZ, MURRAY
C/O LEJAY, INC., #117
4715 NORTHWEST 167TH STREET
MIAMI FL 33014

LEJAY, INC.
6157 N.W. 167TH STREET #F-10
MIAMI, FL 33015

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	LEJAY, INC.	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOVITZ, MURRAY	6157 N.W. 167TH STREET #F-10	1.2 NAME	
STREET ADDRESS	4715 NW 167 ST	MIAMI, FL 33015	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	D	LEJAY, INC.	2.1 TITLE	☐ Change ☐ Addition
NAME	JACOVITZ, ELEANOR	6157 N.W. 167TH STREET #F-10	2.2 NAME	
STREET ADDRESS	4715 NW 167 ST	MIAMI, FL 33015	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE			3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE			4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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(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 with an address, or on an attachment with an address.

SIGNATURE: Murray Jacovitz 2/6/95 305-556-1887
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0064602 CP