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

APPROVED AND FILED
95 MAY -1 AM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L81951 (0)

1. Corporation Name

JADE III, INC.

Principal Place of Business	Mailing Address
C/O MAY ABRAMSKI 474 N.W. 12TH STREET BOCA RATON FL 33432	C/O MAY ABRAMSKI 474 N.W. 12TH STREET BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/18/1990

3a. Date of Last Report: 04/29/1994

4. FEI Number: 65-0213551 ☐ 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
ABRAMSKI, MAY 474 N.W. 12TH STREET BOCA RATON FL 33432	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	PTD	1.1 TITLE ☐ Change ☐ Addition
NAME	LAM, JOHN	1.2 NAME
STREET ADDRESS	22620 BLUE FIN TRAIL	1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE ☐ Change ☐ Addition
NAME	WO, RITA	2.2 NAME
STREET ADDRESS	9901 W GLADES RD	2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE ☐ Change ☐ Addition
NAME	ABRAMSKI, MAY	3.2 NAME
STREET ADDRESS	474 N.E. 12TH ST.	3.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	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 if changed, or on an attachment with an address.

SIGNATURE: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-28-95 Date — Daytime Phone #

0260342 CP