FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Sep 23 1997 8:00am
Secretary of State

DOCUMENT # L 81951

1. Corporation Name

JADE III, INC.

Principal Place of Business	Mailing Address
474 N.W. 12TH STREET BOCA RATON, FL 33432	474 N.W. 12TH STREET BOCA RATON, FL 33432

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

3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 4925 COCONUT CREEK PARKWAY
22: Suite, Apt. #, etc.
23: City & State: COCONUT CREEK, FL
24: Zip: 33063
25: Country: U.S.A.

2a. Mailing Address
26: 2530 N POWERLINE ROAD
27: Suite, Apt. #, etc.: # 401
28: City & State: POMPANO BEACH, FL
29: Zip: 33069
30: Country: U.S.A.

4. FEI Number: 65-0213551

Acc as Per / Not Addressed

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

ABRAMSKI, MAY
474 N.W. 12TH STREET
BOCA RATON, FL 33432

10. Name and Address of New Registered Agent

81 Name: LAM, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 22620 BLUE FIN TRAIL
83
84 City: BOCA RATON
85 State: FL

11. Pursuant to the provisions of Sections 607.1505 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: X John Lam — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (NOTE 12)	
TITLE	PTD, S	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	
	☐ DELETE		
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WO, RITA	2.2 NAME	
STREET ADDRESS	9901 W GLADES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	2.4 CITY-ST-ZIP	
	☒ DELETE		
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	
	☐ DELETE		
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE		
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE		
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: X John Lam — JOHN LAM/PRESIDENT — (954)968-5755