SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L98238** **(3)**

1. Corporation Name
JASIR, INC.

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA SUITE 2020 FT. LAUDERDALE FL 33394	ONE FINANCIAL PLAZA SUITE 2020 FT. LAUDERDALE FL 33394

2. Principal Place of Business	2a. Mailing Address
21 1461 NW 127 WAY	26 1461 NW 127 WAY
22 Suite, Apt. #, etc ~~1615~~	27 Suite, Apt. #, etc ~~1615~~
23 City & State CORAL SPRINGS FL	28 City & State CORAL SPRINGS FL
24 Zip 33071 25 Country USA	29 Zip 33071 30 Country USA

3. Date Incorporated or Qualified: 09/04/1990
3a. Date of Last Report: 02/22/1995
4. FEI Number: 65-0281545 ☐ 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
HENDERSON, JAMES M.
ONE FINANCIAL PLAZA
SUITE 2020 ~~1615~~
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent
81 Name JACK WEXLER
82 Street Address (P.O. Box Number is Not Acceptable) 1461 NW 127 WAY
83
84 City CORAL SPRINGS FL 85 Zip Code 33071

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 Jack Wexler PRESIDENT (JACK WEXLER) DATE 6-24-96
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WEXLER, JACK	
STREET ADDRESS	1461 NW 127 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DV	☐ DELETE
NAME	WEXLER, IAN	
STREET ADDRESS	1461 NW 127 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DV	☐ DELETE
NAME	WEXLER, ROSS	
STREET ADDRESS	1461 NW 127 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DST	☐ DELETE
NAME	WEXLER, SANDRA	
STREET ADDRESS	1461 NW 127 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001883213	☐ Change ☐ Addition
5.2 NAME	-07/03/96--01040--008	
5.3 STREET ADDRESS	***233.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	07-02-96 OR	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Wexler (JACK WEXLER) 6-24-96 954-752-3774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086344 CP

CR2E034 (3/96)