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 -2 PM 3:09

DOCUMENT # P03049 (4)

1. Corporation Name
JAYMONT MANAGEMENT INCORPORATED

Principal Place of Business	Mailing Address
2 S BAYSHORE BLVD SUITE 1470 MIAMI FL 33131	2 S BAYSHORE BLVD SUITE 1470 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1984
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business	2a. Mailing Address
21 2 S.Biscayne Blvd.	26 2 S Biscayne Blvd.
Suite, Apt. #, etc. 22 Suite 1470 One Biscayne Tower	Suite, Apt. #, etc. 27 Suite 1470 One Biscayne Tower
City & State 23 Miami, FL 33131	City & State 28 Miami, FL
Zip 24 33131 Country 25 U.S.A.	Zip 29 33131 Country 30 U.S.A.

4. FEI Number: 36-3311258 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	OSAMA EL-HADDAD	1.2 NAME	Osama El Haddad	
STREET ADDRESS	250 E. 40TH ST.	1.3 STREET ADDRESS	2 So. Biscayne Blvd., Suite 1470	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	FONG, MICHAEL C	2.2 NAME		
STREET ADDRESS	2 SO BISCAYNE BLVD STE 1470	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	LOVELL, RICHARD C	3.2 NAME		
STREET ADDRESS	2 SOL BISCAYNE BLVD STE 1470	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JAMEEL, MAGDI	4.2 NAME		
STREET ADDRESS	1 RUE DES GENETS	4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTE CARLO, MONACO	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 above, or on an attachment with an address.

SIGNATURE: Richard C. Lovell Richard C. Lovell 1-31-95 (305) 374-9578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437600 FP