FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(4)

1. Corporation Name JAYMONT MANAGEMENT INCORPORATED

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Principal Place of Business Mailing Address								Î				
	2 S. BISCAYNE BLVD. 1470			2 S BISCAYNE BLVD. 1470 Miami Fl 33131 US								
MIAMI FL 33131 US									3. Date Incorporated or Qualified	3a. Date	of Last Report 02/02/1995	
								08/15/1984				
2.	2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For				
21	21 899 W. Cypress Creek Rd.			26 899 W. Cypress Creek Rd.			<u> </u>	36-3311258		Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				ļ	5. Certificate of Status Desired	ГΊ	\$8.75 Additional	
22	2 Suite 317			27 Suite 317					Fee Required			
	City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23	Fr. La	uderdale, l	FL 24	28 Ft. Lauderdale, FL					Trust Fund Contribution Added to Fee			
	Zip	Country		Zip	Zip Country				8. This corporation has liability for	intangible tax under s. 199.032,		
24		25 []	SA 21	33309	30	US	A			No	 	
H		9. Name and Add	iress of Current Reg	gistered Agent		Name		10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM							Street	t Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324						"	82 Street Address (P.O. Box Number is Not Acceptable)					
						83						
I DATIOUST I WOLF											85 Zip Code	
						84	City			FL	. 65 Zap Code	
			ations 607 0500 and	607 1508 Florida Stat	tutes the	abave.	hamed co	orporati	ion submits this statement for the pu	rpose of cha	anging its registered office	
י ו	ar registers	ad account or both in t	tio State of Florida, Si	uch change was autuc	JUSEO NA U	e cort	oration's	board	of directors. I hereby accept the app	ointment as	registered agent. I am	
	familiar with	n, and accept the ob	ligations of, Section 6	07.0505, Florida Statu	ites.							
İs	IGNATURE							alia da et a	duse montalizat	DATE		
		Signature, typed or printed no	me of registered ager Land th		tered Agent signature reg rind when renstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
<u> </u>	2.		OFFICERS AND DIF	DELETE		. 1 TITLE		T			Change	
1	!LE	D	OCAMA		- 1	2 NAME						
N	NAME CL-1 INDUIND; COTAGE:						* *******	80	O W Cypress Creek	Rd 9	Suite 317	
s	STREET ADDRESS					I ADDRESS	899 W. Cypress Creek Rd., Suite 317 Ft. Lauderdale, FL 33309					
0	ITY-ST-ZIP	MIAMI FL				.4 CITY -		77	. Lauderdaie, fL .	12202	Change Addition	
П	ITLE	PD		DELETE	.	1 TITLE				,	All change	
1	IAME	FONG, MICH			I -	2.2 NAME		00	O II Common Compa	DA (Sud+a 317	
5	STREET ADDRESS 2 SO BISCAYNE BLVD STE 1470 23					2 3 STREE	t address	89	9 W. Cypress Creek	DA	DUILE DII	
"	12 V CE 310	MIAMI FL			1	24 CITY	ST-ZIP	Ft	. Lauderdale, FL	33309		

3.3. STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREE1 ADDRESS

6.3 STREET ADDRESS

Treasurer

5.4 CITY - ST - ZIP

4.4 CiTY-ST-ZIP

3 4 CITY - ST - ZIP

3 1 TITLE

3.2 NAME

4 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

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 angular 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 trusted 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 attack nent with an address. 64 CITY - ST - ZIP

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHIY-ST-ZIP

CITY - ST - ZIP

CITY-S1-ZIP

LOVELL, RICHARD C

JAMEEL, MAGDI

1 RUE DES GENETS

MONTE CARLO, MONACO

MIAMI FL.

2 SOL BISCAYNE BLVD STE 1470

TITLE

NAME

TILLE

NAME

TITLE

NAME

TITLE

NAME

GNING OFFICER OR DIRECTOR

DELETE

DELF E

DELETE

DELETE

__(954)__772--2277_

CR2E034 (12/95)

X Change Addition

Change Addition

☐ Addition

Addition

☐ Change

Change

899 W. Cypress Creek Rd, Suite 317

Ft. Lauderdale, FL 33309