FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P09291** **(6)**

1. Corporation Name

JAYMONT (U.S.A.) INCORPORATED

Principal Place of Business

% JAYMONT PROPERTIES INCORPORATED
780 THIRD AVE., SUITE 2600
NEW YORK NY 10017

Mailing Address

2 SO BISCAYNE BLVD
STE 1470
MIAMI FL 33131
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 899 W. Cypress Creek Rd.
Suite, Apt. #, etc.
27 Suite 317
City & State
28 Ft. Lauderdale, FL
Zip 29 33309 Country 30 USA

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 02/02/1995
4. FEI Number: 36-3322293 ☐ 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FONG, MICHAEL C	
STREET ADDRESS	2 SO BISCAYNE BLVD STE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	LOVELL, RICHARD C	
STREET ADDRESS	2 SO BISCAYNE BLVD STE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	OSAMA EL-HADDAD	
STREET ADDRESS	2 SO. BISCAYNE BLVD., SUITE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MAGDI, JAMEEL	
STREET ADDRESS	1 RUE DES GENETS	
CITY-ST-ZIP	MONTE CARLO MO	
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	899 W. Cypress Creek Rd., Suite 317	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Richard C. Lovell Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD C. LOVELL

Date

(954) 772-2277
Daytime Phone #