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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

'95 APR 27 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000008378 (0)

1. Corporation Name

JAM ENTERPRISES, INC.

Principal Place of Business

**1855 BUCHANAN ST.
HOLLYWOOD FL 33020
US**

Mailing Address

**1855 BUCHANAN ST.
HOLLYWOOD FL 33020
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

08/10/1994

4. FEI Number

65-0381846

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SYVRAIS, JANINE
1855 BUCHANAN ST.
HOLLYWOOD FL 33020**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CASTILLOUX, MICHAEL
STREET ADDRESS	1855 BUCHANAN ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	D
NAME	SYVRAIS, JANINE
STREET ADDRESS	1855 BUCHANAN ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	D
NAME	MORRIS, DAVID
STREET ADDRESS	1855 BUCHANAN ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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	SYVRAIS JANINE
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	☐ 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	

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 110.07(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:

Michel Castilloux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305-520-1758