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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P93000017397 (9)

Corporation Name
ALLIED JAGUAR, INC.

[redacted]

Principal Place of Business
442 SW 22 TERR
FT LAUDERDALE FL 33312

Mailing Address
442 SW 22 TERR
FT LAUDERDALE FL 33312-1401

3. Date Incorporated or Qualified: 03/04/1993
3a. Date of Last Report: 4-25-97

Principal Place of Business — 26
2a. Mailing Address
Suite, Apt. #, etc. — 27
Suite, Apt. #, etc.
City & State — 28
City & State
Zip — 25 — Country
Zip — 29 — Country — 30

4. FEI Number: 65-0388552 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. File Year Case Change Fee and 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
WEES, BASIL
442 SW 22 TERR
FT LAUDERDALE FL 33312

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

I. 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(s) required for registered agent change (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WEES, BASIL	
STREET ADDRESS	442 SW 22 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	☐ DELETE
NAME	WEES, ELLEN	
STREET ADDRESS	442 SW 22 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL OFFICERS AND DIRECTORS

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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		JC 5/6
6.1 TITLE	300002517543	☐ Change ☐ Addition
6.2 NAME	-05/08/98--01101--020	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

I do hereby certify that the information supplied with this filing 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: 4-27-98 954/467-2269