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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P93000049486 (2)

JESCAR INTERNATIONAL, INC.

21. Principal Office - Domestic 3741 NE 163RD ST #120 NO MIAMI FL 33160 US		22. Mailing Address 3741 NE 163RD ST #120 NO MIAMI FL 33160 US		3. Date of Incorporation in U.S. 07/12/1993		3a. Date of Last Report 05/19/1994	
23. State of Incorporation FL		24. State of Mailing Address FL		4. FIC Number 65-0426075		☐ Applied For ☐ Not Applicable	
25. Certificate of Status Desired ☐		26. Election Campaign Financing ☐		5. Certificate of Status Desired ☐		6. Election Campaign Financing ☐	
27. This Corporation has liability for additional fees under S. 100.062 ☐		28. This Corporation has liability for additional fees under S. 100.062 ☒		7. Additional Fee Required \$8.75		8. Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEVINSON, KENNETH J. 3741-NE 163RD ST #120 NORTH MIAMI BCH FL 33160		10. Name and Address of New Registered Agent B1 Name: Kenneth J. Levinson B2 Street Address: P.O. Box Number in New Address B3 City B4 State: FL B5 Zip Code		11. Pursuant to the provisions of Sections 100.062 and 100.150, 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 provisions of Sections 60.202, Florida Statutes.			
SIGNATURE (Signature of Kenneth J. Levinson)							

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PSD LEVINSON, KENNETH J. 3741 NE 163RD ST #120 NORTH MIAMI BCH FL	NAME	Kenneth J. Levinson
STREET ADDRESS		STREET ADDRESS	Same as #2
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
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CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 100.062, Florida Statutes. I further certify that this information includes the information required by applicable annual report law, and that my signature shall be on the same as the signature of the officer or director who authorized the filing of this report. I am familiar with and accept the provisions of Sections 60.202, Florida Statutes.

SIGNATURE: *Kenneth J. Levinson* 4/27/95 **PCR-2972**
 (3-5)
 SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR