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 # **P93000066234 (4)**

1. Corporation Name

JANE FORWARDING CORP.

Principal Place of Business

~~1944 NW 82ND AVE.~~
~~MIAMI FL 33126~~
US

Mailing Address

P.O.BOX 527804
MIAMI FL 33152

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0440367 ☐ 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

2. Principal Place of Business
21: 10050 NW 116 Way - Suite #1
22 Suite, Apt. #, etc.: Medley,
23 City & State: Florida
24 Zip: 33178
25 Country: USA

2a. Mailing Address
26: P.O. Box 527804
27 Suite, Apt. #, etc.:
28 City & State: MIAMI, FL.
29 Zip: 33152
30 Country:

9. Name and Address of Current Registered Agent

SCHUBERT, IRWIN
~~1944 NW 82ND AVE.~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 10050 NW 116 Way Suite #1
83: Medley, FL.
84 City: FL
85 Zip Code: 33178

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] DATE:

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SCHUBERT, IRWIN	
STREET ADDRESS	300 THREE ISLAND BLVD., STE. 801	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	☐ DELETE
NAME	WEITZ, EMANUEL	
STREET ADDRESS	1000 PARKVIEW DR 419	
CITY-ST-ZIP	HALLANDELE FL 33009	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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N/C

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)(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 if changed or added by this amendment with an address.

SIGNATURE: IRWIN SCHUBERT, PRES [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-887-7111
Daytime Phone #

CR2E034 (12/95)