

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 2:57

DOCUMENT # P94000059398 (5)

1. Corporation Name

JAZTAG INVESTMENTS, INC.

Principal Place of Business

Mailing Address

20520 NE 20TH CT
MIAMI FL 33179

20520 NE 20TH CT
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date First Incorporated in Florida

3a. Date of Last Report

08/01/1994

N/A

4. Filing Number

05-0511250

Applies For

First Registration

2. Principal Place of Business

2b. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under 19-100.000,

☐

Florida Statutes

8. Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALONSO, ZOE M
20520 NE 20TH CT
MIAMI FL 33179

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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 of person authorized to change agent and registered office)

(Signature of person authorized to change agent and registered office)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: ALONSO, GUSTAVO J
STREET ADDRESS: 20520 NE 20TH CT
CITY-STATE-ZIP: MIAMI FL 33179

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME: ☐ Change ☐ Addition
1.3 STREET ADDRESS: ☐ Change ☐ Addition
1.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D
NAME: ALONSO, ZOE M
STREET ADDRESS: 20520 NE 20TH CT
CITY-STATE-ZIP: MIAMI FL 33179

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME: ☐ Change ☐ Addition
5.3 STREET ADDRESS: ☐ Change ☐ Addition
5.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated on this form. I understand, Florida Statutes, Chapter 607, that I am an officer or director of the corporation and that my signature shall be on the same together with the name of each officer or director of the corporation in this case or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

[Signature]

(Signature and Title of the Printed Name of the Officer or Director)

1/20/95

932-4720