

Date Due: 05/01/93 Amount Due: \$200.00 If After Due Date: \$225.00

CORPORATION ANNUAL REPORT

~~1992~~ 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT #P94000061389(0)

300001838233
-05/24/96--01030--022
***200.00

JAR INSURANCE SERVICES, INC.
15855 Miami Lake Way N. #447E
Miami Lakes, Fl. 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/17/94
3a. Date of Last Report: 3/20/95

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 65-0511932
Applied For: Not Applicable

2. Mailing Address		2a. Principal Place of Business		5. Certificate of Status Desired	
21 Same as Above		26		<input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State		27 City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$138.75 Supplemental Fee Not Required	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

Cynthia Valentin
15855 Miami Lake Way N. #447E
Miami Lakes, Fl. 33014

10. Name and Address of New Registered Agent

81 Name: Mariella Nelson			
82 Street Address (P.O. Box Number is Not Acceptable): 6570 West 5 Place			
83			
84 City: Hialeah	85 Zip Code: FL 33012	86 Country: Dade	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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: *Mariella Nelson* DATE: 5-13-96

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE: D	1.2 NAME: Cynthia Valentin	1.1 TITLE: D	1.2 NAME: Mariella Nelson
1.3 ADDRESS: 15855 Miami Lake Way N. #447E	1.3 ADDRESS: 15855 Miami Lake Way N. #447E	1.3 ADDRESS: 6570 West 5 Place	1.3 ADDRESS: 6570 West 5 Place
1.4 CITY-ST-ZIP: Miami Lakes, Fl. 33014	1.4 CITY-ST-ZIP: Miami Lakes, Fl. 33014	1.4 CITY-ST-ZIP: Hialeah, Fl. 33012	1.4 CITY-ST-ZIP: Hialeah, Fl. 33012
2.1 TITLE:	2.2 NAME:	2.1 TITLE:	2.2 NAME:
2.3 ADDRESS:	2.3 ADDRESS:	2.3 ADDRESS:	2.3 ADDRESS:
2.4 CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	2.4 CITY-ST-ZIP:
3.1 TITLE:	3.2 NAME:	3.1 TITLE:	3.2 NAME:
3.3 ADDRESS:	3.3 ADDRESS:	3.3 ADDRESS:	3.3 ADDRESS:
3.4 CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
4.1 TITLE:	4.2 NAME:	4.1 TITLE:	4.2 NAME:
4.3 ADDRESS:	4.3 ADDRESS:	4.3 ADDRESS:	4.3 ADDRESS:
4.4 CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
5.1 TITLE:	5.2 NAME:	5.1 TITLE:	5.2 NAME:
5.3 ADDRESS:	5.3 ADDRESS:	5.3 ADDRESS:	5.3 ADDRESS:
5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
6.1 TITLE:	6.2 NAME:	6.1 TITLE:	6.2 NAME:
6.3 ADDRESS:	6.3 ADDRESS:	6.3 ADDRESS:	6.3 ADDRESS:
6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 2, Block 13 if a change, or on an attachment with an address.

SIGNATURE: *Mariella Nelson* DATE: 5-13-96
Print/Type Name of Signing Officer or Director: Mariella Nelson Title(s): Pres. V. Pres. Treasurer Daytime Telephone Number: 305 828-7451

5/1/96