FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063617 (2)

1. Corporation Name
THE JAMA OUTLET, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
15855 SW 79TH TER MIAMI FL 33193	15855 SW 79TH TER MIAMI FL 33193

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 15290 SW 106th LANE
22 Suite, Apt. #, etc.: APT#305
23 City & State: MIANI FLORIDA
24 Zip: 33196
25 Country: U.S.A

2a. Mailing Address
26: 15290 SW 106th LANE
27 Suite, Apt. #, etc.: APT # 305
28 City & State: MIANI - FLORIDA
29 Zip: 33196
30 Country: U.S.A

4. FEI Number: 65-0515295 ☐ 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

9. Name and Address of Current Registered Agent

DE ROLDAN, MARCELA
15855 SW 79TH TER
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name: DE ROLDAN MARCELA
82 Street Address (P.O. Box Number is Not Acceptable): 15290 SW. 106TH LANE #305
83
84 City: MIANI FL 85 Zip Code: 33196

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	ROLDAN, JAIME A	1.2 NAME	ROLDAN, JAIME A.
STREET ADDRESS	15855 SW 79TH TER	1.3 STREET ADDRESS	15290 SW 106th LANE APT 305
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	MIAMI FL. 33196
TITLE	DV	2.1 TITLE	D.V ☑ Change ☐ Addition
NAME	DE ROLDAN, MARCELA	2.2 NAME	De ROLDAN, MARCELA
STREET ADDRESS	15855 SW 79TH TER	2.3 STREET ADDRESS	15290 SW 106th LANE APT 305
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	MIANI FL. 33196
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 on an attachment with an address.

SIGNATURE: _____ 03/15/95 396-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200448 CP