**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 # **P94000063617 (2)**

1. Corporation Name

**THE JAMA OUTLET, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15290 SW 106TH LANE<br>APT 305<br>MIAMI FL 33196<br>US | 15290 SW 106TH LANE<br>APT 305<br>MIAMI FL 33196<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 19450 EAST COUNTRY CLUB DRIVE | 26 19450 EAST COUNTRY CLUB DRIVE |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 MIAMI FLORIDA | City & State<br>28 MIAMI FLORIDA |
| Zip 24 33180 Country 25 U.S.A | Zip 29 33180 Country 30 U.S.A |

3. Date Incorporated or Qualified: 08/29/1994

3a. Date of Last Report: 03/21/1995

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**
**15290 SW 106TH LANE #305**
**MIAMI FL 33196**

10. Name and Address of New Registered Agent

81 Name: JAIME ROLDAN

82 Street Address (P.O. Box Number is Not Acceptable): 19450 EAST COUNTRY CLUB DRIVE

83

84 City: MIANI FL 85 Zip Code: 33180

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: JAIME ROLDAN 04/20/96
(Must be signature of new registered agent) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DP | ☐ DELETE |
| NAME | ROLDAN, JAIME A | |
| STREET ADDRESS | 15290 SW 106TH LANE APT 305 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DV | ☐ DELETE |
| NAME | DE ROLDAN, MARCELA | |
| STREET ADDRESS | 15290 SW 106TH LANE APT 305 | |
| CITY-ST-ZIP | MIAMI FL | |
| 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 | DP | ☒ Change ☐ Addition |
| 1.2 NAME | ROLDAN, JAINE A | |
| 1.3 STREET ADDRESS | 19450 EAST COUNTRY CLUB DRIVE | |
| 1.4 CITY-ST-ZIP | NIANI FLORIDA 33180 | |
| 2.1 TITLE | DV | ☒ Change ☐ Addition |
| 2.2 NAME | DE ROLDAN, MARCELA | |
| 2.3 STREET ADDRESS | 19450 EAST COUNTRY CLUB DRIVE | |
| 2.4 CITY-ST-ZIP | NIANI FLORIDA 33180 | |
| 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 | | |

CR2E034 (12/95)

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 on an attachment with an address.

**SIGNATURE:** JAINE ROLDAN 04/20/96 (305) 6928983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #