FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 26 1998 8:00am Secretary of State

DOCUMENT #
1. Corporation Name P94000063626 (3) JAY B. HESS, INC. Principal Place of Business Mailing Address 7116 S.W. 47 STREET 7116 S.W. 47 STREET MIAMI FL 33155 MIAM! FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0518721 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zın Zip 8. This corporation owes or has paid the current ear Intangible ☐ No Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Name HESS, JAY B. 7116 S.W. 47 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 83 84 Citv 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE age-tered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE HESS, JAY B. NAME 1.2 NAME 7116 S.W. 47 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TJTI F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 300002442483 NAME 6.2 NAME -02/27/98--01035--032 6.3 STREET ADDRESS STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

CIONATURE.