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

PROFIT CORPORATION ANNUAL REPORT



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

1996	
DOCUMENT	#

1. Corporation Name

P94000067178 (1)

J.A.R. EXCHANGE CORPORATION

Principal Place of Business Mailing Address			I 180411901 110 (41)11 81611 461(1) 00	ins mars mesta dita tida	il 18071 1900) luit 100 4	
1001 S BAY: SUITE 2706 MIAMI FL 33		1001 S BAYSHORE (SUITE 2706 MIAMI FL 33131	DR			
Peter view 1 to 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MICHMI TE GOIGI		3. Date Incorporated or Qualified 09/13/1994	3a. Date of Last 03/01	
2. Principal Plac		2a. Mailing Address		4. FEI Number	1	Applied For
21 2350		26 2250 NW	296 Ar	65-0518711		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	VI	75 Additional e Required
City & State 23 MIAW	Λ :	City & State		Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country	B. This corporation has liability for i	Add	s 199 032
24 331	12 25 USA	29 33 172	30 USA	Florida Statutes Yes	No.	5 100.002,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
	MARK E.		82 Street	Address (P.O. Box Number is Not Acceptable	(0)	
	BAYSHORE DR.		83			
#2706	FL 33131		63			
MINTER I	L 33131		84 City		E1 85	Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s. the above-named or	orporation submits this statement for the purpor	pose of changing its	e registered office
	d agent, or both, in the State of Florid , and accept the obligations of, Secti			board of directors. Thereby accept the appoint	pintment as register	ed agent. I am
SIGNATURE:	, and becopt the oungains to on 220.	or do nood, fronds outlands.				
SIGNATOTIE	grature, typed or printed name of registered agent :		It : Registered Agent signature r	required when reinstalring)	DATL	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TIFLE	DPST	DELETE	1. 1 TITLE	DPST	Change	e 🖊 Addition
NAME	STEIN, DOUGLAS H	ኖድ ሳን ስዕ	1.2 NAME	JOSE A. RODRIGUEZ		
STREET ADDRESS	1001 S BAYSHORE DR SUI MIAMI FL	1E 2/06	1.3 STREET ADORESS	2250 NW 96 AV	2124	
CITY-ST-ZIP TITLE	MIMMI FL	☐ DELETE	1.4 CHTY - ST - ZIP 2. 1 TITLE	MIMI FC 3	3172 Change	- FT Addition
NAME			2.1 IIILE 2.2 NAME		СПанус	e 🔛 Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY - ST - ZIP			2 4 CITY-ST-ZIP			
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NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CHY+ST-ZIP			3 4 CITY - ST - ZIP			
THILE		DEFELE	4. 1 TITLE		☐ Change	e 🔲 Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP		ריין מרו דונ	4 4 CHTY - ST - ZIP			
TITLE		DEFEIE	5 1 TITLE		☐ Change	e
NAME STREET ADDRESS			5 2 NAME			
CHY-ST-ZIP			5 3 STREET ADDRESS			
TILLE		□ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change	Addition
NAME:		<u> </u>	6.2 NAME			Reduler
STREET ADDRESS			6 3 SIREET ADDRESS			
CITY-ST-ZIP			6.4 C/TY+ST-Z/P			
14. I do hereby r	certify that the information supplied w	vith this filing is voluntarily furnic	shed and does not our	alify for the exemption stated in Section 119.0	07(3)(k), Florida Stat	utes. I further
oath; that I a appears in B	ne mormation inocated on this about am an officer or director of the color Block 12 or Block 13 if checkled, or o	al report or supplemental annu- ration or the occiver or trustee n an attackiment with an oddre	ial report is true and ac empowered to execut ess.	courale and that my signature shall have the steethis report as required by Chapter 607, Flo	same legal effect as xida Statutes; and t	if made under hat my name

SIGNATURE: V SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICE OR DIRECTOR A. PODRIGUEZ 44-10, 1996 (305) 593-0213