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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000037353 (6)

1. Corporation Name
J.A.L., INC.

Principal Place of Business
4660 NW 8TH COURT
PLANTATION FL 33317

Mailing Address
4660 NW 8TH COURT
PLANTATION FL 33317-1437

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

ALTAF, MOHAMMED
115 LAKE EMERALD DRIVE
#207
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report
08/15/1996

4. FEI Number
65-0592052

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

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3

4 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sign, print, type or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	ALTAF, MOHAMMED	115 LAKE EMERALD DR. #207	FT. LAUDERDALE FL 33309	☐
V	JAWED, MOHAMMED	115 LAKE EMERALD DR. #207	FT. LAUDERDALE FL 33309	☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	1.5 DELETE	1.6 CHANGE	1.7 ADDITION
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	2.5 DELETE	2.6 CHANGE	2.7 ADDITION
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	3.5 DELETE	3.6 CHANGE	3.7 ADDITION
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	4.5 DELETE	4.6 CHANGE	4.7 ADDITION
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	5.5 DELETE	5.6 CHANGE	5.7 ADDITION
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	6.5 DELETE	6.6 CHANGE	6.7 ADDITION

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: [Signature]
Date: 04/21/97
Daytime Phone: 954 791 8782
0270235

CR2E034 (9/96)