

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054124 (9)

1. Corporation Name
JAY-RO-MAR, INC.



Principal Place of Business
UNIT 122, 418 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33080

Mailing Address
UNIT 122, 418 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3108 SW 2nd Ct.
Suite, Apt. #, etc.
22 Gainesville FL
City & State
23 32601 U.S.A.
Zip Country
24 25

2a. Mailing Address
26 P.O. Box 5529 SI.
Suite, Apt. #, etc.
27 St. Croix U.S.V.I.
City & State
28 00823 U.S.A.
Zip Country
29 30

3. Date Incorporated or Qualified 07/13/1995
3a. Date of Last Report 06/25/1996
4. FEI Number 65-0594165
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CINTRON, ROBERTO C
STREET ADDRESS UNIT 122, 418 SOUTH CYPRESS ROAD
CITY-ST-ZIP POMPANO BEACH FL 33080
TITLE VSD
NAME ADAMS, ROY E
STREET ADDRESS UNIT 122, 418 SOUTH CYPRESS ROAD
CITY-ST-ZIP POMPANO BEACH FL 33080
TITLE TD
NAME CINTRON, CLEMENTE JR.
STREET ADDRESS UNIT 122, 418 SOUTH CYPRESS ROAD
CITY-ST-ZIP POMPANO BEACH FL 33080
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME Cintron, Roberto C
1.3 STREET ADDRESS 3108 SW 2nd Ct.
1.4 CITY-ST-ZIP Gainesville FL 32601
2.1 TITLE VSD
2.2 NAME Adams, Roy E
2.3 STREET ADDRESS 3108 SW 2nd Ct.
2.4 CITY-ST-ZIP Gainesville FL 32601
3.1 TITLE TD
3.2 NAME Cintron, Clemente Jr.
3.3 STREET ADDRESS 3108 SW 2nd Ct.
3.4 CITY-ST-ZIP Gainesville FL 32601
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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] DATE REQUIRED

8/17/97 180042112311

CP2E034 (4/97)