04-23-1999 90272 011 ***150.00



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070318

 Corporation 	n Name	-							
JAH KO	DESH MISH-KAN, INC.								
) (1881) 188) (18 8 1888) 18 1) (188 188) (188))) 46))) 10))))	68)) 69)33)))	
					5 /				
Principal Place of Business Mailing Address							,,,		
1600 NORTHEAST 157TH TERRACE 1600 NORTHEAST 157TH TER				E				•	
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 331				62		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/12/1995			
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number		A	pplied For
21	<u> </u>	26				65-0608350			lot Applicable
Suite, Apt.	#, etc	Suite, Apt.	#, etc.			5. Certifcate of Status Desired			Additional
22	· · · · · · · · · · · · · · · · · · ·	27							Required
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Zip	Country	28 Zip ~	The second secon	untry		8. This corporation owes the curr	ont year into		
24	25	29	30	 ,		Personal Property Tax.	en year nu	∏ Yes	□No
24	9. Name and Address of Currer			T		10. Name and Address of New F	Registered /	Agent	
11.				81	Name				
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	ALMERIA AVENUE				Ottoot / table				
CORAL GABLES FL 33134				83					ļ
				84	City			85 Zip	Code
					'		<u> </u>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such cha	ange was authorize	ed by	the corporatio	pration submits this statement for the n's board of directors. I hereby acce	purpose of the appoir	changing ii ntment as r	egistered egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 60	7.0505, Florida Sta	itutés					
SIGNATURE	Signature, typed or printed name of registered age	et and title if analisable	(NOTE: Besider	of Amer	nt signature required	when reinstaling)	DATE		
12.		ID DIRECTORS	13		it aignature requires	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	PTD		DELETE 1.11	TITLE			-	Change	Addition
NAME	1 initia and transport and			NAME					
STREET ADDRESS	AGO MODITIES OF ACTUA YEARS OF			STREET	TADDRESS				1
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3310	62	1,4 (CITY-S	T-ZIP				
TITLE	VSD	, 🗆	DELETE 2.1	TITLE				Change	Addition
NAME	NAYLOR, GEORGE E		2.21	NAME		•			
STREET ADDRESS				STREET	T ADDRESS				
CITY+ST-ZIP	NORTH MIAMI BEACH FL 3310			CITY-S	ST-ZIP			Channe	- Addition
TITLE		Ц		TITLE				☐ Change	Addition
NAMÉ				NAME					
STREET ADDRESS	2.50				TADDRESS	<u> </u>			
CITY-ST-ZIP				CITY-S	IT-ZIP			Change	Addition
TITLE NAME				NAME					_
STREET ADDRESS			li i		T ADDRESS				
CITY-ST-ZIP	•			CITY-S					
TITLE				TITLE				Change	Addition
NAME	· ·		5.21	NAME					
STREET ADDRESS			5.3	STREET	TADORESS				
CITY-ST-ZIP			5,4	CITY-S	T-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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURÉ:

TITLE

NAME

STREET ADDRESS

CITY+ST-ZIP

Change

☐ Addition