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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078203 (3)

JARA INVESTMENT AND FINANCIAL SERVICES, INC.

SIGNATURE: VIRGINIA PITTE PRES

| Principal | Place of | Business |
|-----------|----------|----------|

Mailing Address

425-C S.E. FIRST AVENUE DELRAY BEACH FL 33441 425-C S.E. FIRST AVENUE DELRAY BEACH FL 33441 FILED Feb 06 1997 8:00am Secretary of State



| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 | | |
|---|--|-----------------------------------|--------------------------|---|--|--|--|
| 9 Oringinal Di | ace of Business | 2a. Mailing Address | | | | | |
| | . Atlantic Ave. | 26 777 E. Atla | antic | Ave. | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 60 75 A (Palant) | | |
| STE. | Z #125 | 27 Ste.Z #125 | 5 | ······ | 5. Certificate of Status Desired Fee Required | | |
| City & State 23 DELR | AY BEACH, FL. | City & State DELRAY BE | ACH, | FL. | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Coun | try | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 33483 | 25 | 29 33483 | 30 | | Florida Statutes Yes No | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| PITTS, VIRGINIA 81 Name | | | | | | | |
| AAE O O E FIDOT AVENUE | | | Street A | Address (P.O. Box Number is Not Acceptable) | | | |
| DELRAY BEACH FL 33441 | | | 777 EAST ATLANTIC AVENUE | | | | |
| } | | | 1 | STE | . Z, #125 | | |
| [| | | T | 14 City | RAY BEACH, FL 85 Zin Code 3 | | |
| 44 Dyenest I | the equipment of Sections 607.0500 | and CO7 1609 Florida Statut | on the ab | | | | |
| 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 ager | IOM) aldersleve ii will over t | F Benislared | Aneni sinnalius | e required when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | Agent organists | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TIELE | D | DELETE | 1.1 1/11 | E | Change Addition | | |
| NAME | PITTS, VIRGINIA | | 1.2 NAM | _ | 777 East Atlantic Ave. | | |
| STREET ADDRESS | 425-C S.E. FIRST AVENUE | | | EET ADDRESS | Suite Z #125 | | |
| | DELRAY BEACH FL 33441 | | | | Delray Beach, Fl. 33483 | | |
| CITY-ST-ZIP TITLE | DELINI DENOTI PE 30441 | ☐ DELETE | 2.1 Titl | -ST-ZIP | Change Addition | | |
| | | beerie | | Ŀ | | | |
| NAME | | | 2.2 NA | l l | | | |
| STREET ADDRESS | | | | eet address | | | |
| CITY-ST-ZIP | | DELETE | | Y-ST-ZIP | Change Addition | | |
| TITLE | | L. DECEIE | 3.1 TITL | | Change Addition | | |
| NAME | | | 3.2 NA | | | | |
| STREET ADDRESS | | | 3.3 STR | EET AODRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITE | | Change Addition | | |
| NAME | | | 4 2 NA | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | an an and an | | |
| CITY - ST - ZIP | | | | 1-ST-ZIP | | | |
| TITLE | - | ☐ DELETE | 5 1 TITL | E | LJ Change L Addition | | |
| NAME | | | 5.2 NA | AE | | | |
| STREET ADORESS | | | 5.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CIT | -ST-ZIP | | | |
| T(TLE | | ☐ DELETE | 6.1 TITU | E | Change Addition | | |
| NAME | | | 6.2 NA | AE [| | | |
| STREET ADORESS | | | 6.3 STF | EET ADDRESS | | | |
| CITY - ST - ZIP | | | | r-ST-ZIP | | | |
| 14. I do hereb | y certify that the information supplied | I with this filing does not quali | ify for the e | xemption st | stated in Section 119.07(3)(i). Florida Statutes. I further certify that the | | |
| I am an of | 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. | | | | | | |