

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079235 (4)**

1. Corporation Name
JAGE, INC.

Principal Place of Business
**17490 S.W. 104TH AVENUE
MIAMI FL 33157
US**

Mailing Address
**10910 SOUTHWEST 178 TERRACE
MIAMI FL 33157-5074**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0611841	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**EARLINE MERRITT
10462 SW 178 ST
MIAMI, FL 33157**

81 Name	EARLINE MERRITT
82 Street Address (P.O. Box Number is Not Acceptable)	10462 SW 178 ST
83	
84 City	Miami
FL	85 Zip Code 33157

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 *Earline Merritt* **EARLINE** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GLORIA J	1.2 NAME	
STREET ADDRESS	10910 SOUTHWEST 178 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	1.4 CITY - ST - ZIP	
FILE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, EARLINE	2.2 NAME	
STREET ADDRESS	10910 SOUTHWEST 178 TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	2.4 CITY - ST - ZIP	
FILE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGES, ALTHEA C	3.2 NAME	
STREET ADDRESS	10910 SOUTHWEST 178 TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	3.4 CITY - ST - ZIP	
FILE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGES, JIMMY	4.2 NAME	
STREET ADDRESS	10910 SOUTHWEST 178 TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	4.4 CITY - ST - ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Earline Merritt* **EARLINE MERRITT** 4-28-97 2357704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)