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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000005195**1. Corporation Name

JAZZ INTERNATIONAL, INC.

Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90146 019 ***150.00

VALL III	TEIMATIONAL, INO.								
Principal Plac	e of Business	Mailing Address	6				(68((48) (18 (6)(4 \$1(1) \$2(1) 86(1) 48)(1 \$2(1)		
690 S.W. 1 COURT		690 S.W. 1 COURT							
MIAMI FL 3313	0	MIAMI FL 33130				İ	DO NOT WOLTE IN THE	C CDACE	
							DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE	
						3	01/08/1996		
O Deineinel C	Place of Business	2a. Mailing Add	raee				I. FEI Number	- LAr	plied For
z. Principal P	race of Business	— ·			1			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
-		27			ĺ		5. Certifcate of Status Desired	,	equired
City & Sta	te	City & State				- 6	Election Campaign Financing	\$5.00	.May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip	С	ountry		8	This corporation owes the current year I	ntangible	
24	25	29	30			1	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10	Name and Address of New Registere	d Agent	
				81	Name				Į
	RKS, LAVERNE D			82	Street Ad	ddress ((P.O. Box Number is Not Acceptable)		
	05 NORTH AVIARY DRIVE				Ou cot 7 to	(Address () .S. Box (amber to restrict assignment)			
CO(OPER CITY FL 33026					83)
				84	City			85 Zip	Code
							, F	LII	{
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flo	ida Statutes, the	above	e-named co	orporation	on submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such cha ations of, Section 607	nge was authoriz .0505_Elorida 61	eo by latutes	tne corpor	ration ST	board of directors. I hereby accept the app		gistered
SIGNATURE	I AUCONO Son	Ks & V.P.		ΔU	erve		DOING 1	11/49	1
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Rediste	ed Ager	t signature req	uired when			
12.	, 	ND DIRECTORS	1			_/	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12 Addition
TITLE	EVP		DELECTE1.1	TITLE		/ P		☐ Change	Addition
NAME	SPARKS, LAVERNE D		1.2	NAME		SPA	RKS, JAMES A		
STREET ADDRESS			1.3	STREE	TADDRESS	1200	05 NORTH AVIARY DRIVE		ļ
CITY-ST-ZIP	COOPER CITY FL 33026			4 CITY-S	T-ZIP	- COO	PER CITY, FL 33026	- Character	T A delition
TITLE		□ !	DELETE 2.	1 TITLE	1	_	•	Change	Addition
NAME			2.2	NAME					
STREET ADDRESS	S		2.3	STREE	ADDRESS		•		
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE		Ш	DELETE 3.	TITLE		-M	, v v	Change	Addition
NAME			3.2	2 NAME	1	MOSS	S, CEPEDA NIKO		h h
STREET ADDRESS	5		3.3	3 STREE	TADDRESS		05 N. AVIARY DRIVE		Ì
CITY-ST-ZIP				4. CITY-5	T-ZIP	_0001	PER CITY, FL 33026		- Addition
TITLE				1 TITLE	[☐ Change	☐ Addition
NAME			4.	2 NAME	1				Í
STREET ADDRESS	S		4.3	3 STREE	TADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP_				C Addit:
TITLE				1 TITLE				Change	Addition :
NAME				2 NAME					
STREET ADDRESS	5				TADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE	1								
			JCCC.C.	1 TITLE				☐ Change	☐ Addition
NAME			6.3	2 NAME				☐ Change	Addigoti
STREET ADDRESS	5		6.3	2 NAME	T ADDRESS			☐ Change	Addigon

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 trusteed 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 an other like empowered.

SIGNATURE