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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027130 (9)

JAMAICA CREST, INC.

Principal Place of Business Mailing Address

**FILED** May 15 1998 8:00am Secretary of State

L 3

3550 BISCAYNE BLVD. STE 400 MIAMI FL 33137				3550 BISCAYNE BLVD. STE 400 MIAMI FL 33137				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
2. Principal Place of Business			28 26	2a. Mailing Address				03/27/1996         Applied For           4. FEI Number         Applied For           65-0656564         Not Applica		le		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc				5.	Certificate of Status Desired	8.75 Additional Fee Required		
23	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
24	Zip	Country 25	29	Zip	Country 30			R. 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							10. Name and Address of New Registered Agent					
SWABY, ALFREU					81	Name Street Addre	Iress (P.O. Box Number is Not Acceptable)					
						83						
						84	City	FL 85 Zip Code				
<ol> <li>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.</li> </ol>												

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE SWABY, ALFRED 1.2 NAME NAME 3550 BISCAYNE BLVD. STE 400 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-51-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS

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 suppliemental 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: