APPROVED AND FILED

98 SEP -1 PM 12:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 # P96000033162 (4)

1. Corporation Name

NEGRIL LOUNGE (JA), INC.

Principal Place of Business

6532 PEMBROKE PINES ROAD
MIRAMAR FL 33023

Mailing Address

6532 PEMBROKE PINES ROAD
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1996
4. FEI Number: 65-0693493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business
21 6532 Pembroke Rd
22 Suite, Apt #, etc
23 City & State: Miramar FL
24 Zip: 33023
25 Country: Broward

2a. Mailing Address
26 6532 Pembroke Rd
27 Suite, Apt #, etc.
28 City & State: Miramar FL
29 Zip: 33023
30 Country: Broward

9. Name and Address of Current Registered Agent

SCOTT, SONIA E
6532 PEMBROKE PINES ROAD
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCOTT, SONIA E	
STREET ADDRESS	6532 PEMBROKE PINES ROAD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	SD	☐ DELETE
NAME	WITTER, LINDA M	
STREET ADDRESS	4415 BAYCHESTER AVE	
CITY-ST-ZIP	BRONX NY 10466	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	000002630780--1	
1.3 STREET ADDRESS	-09/02/98--01004--006	
1.4 CITY-ST-ZIP	*****15.00 *****15.00	
2.1 TITLE		
2.2 NAME	000002630780--1	
2.3 STREET ADDRESS	-09/02/98--01004--005	
2.4 CITY-ST-ZIP	****150.00 ****150.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	9/1/98	
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE: Sonia Scott 4/29/98 987-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0165306