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 #

1. Corporation Name

P96000098232 (7)

JAMIRA CORP.

SIGNATURE:

FILED Feb 23 1998 8:00am Secretary of State

UMMIII IA	1 OOM :			I CARLLER HAR CALLE BLUK BANK BANK	
Dring in al Ding	a of Dunings	Mailing Address		<u> </u>	
Principal Plac		Mailing Address			
2750 DOUGLA SUITE 200	AS AD	2750 DOUGLAS RD SUITE 200			
MIAMI FL 331	3 (2)	MIAMI FL 33184		DO NOT WRI	ITE IN THIS SPACE
U\$	3	US		-3Date incorporated or Qualifie	d
				12/05/1996	
	lace of Business	2a. Mailing Address	JAINE AG	4. FEI Number	Applied For
21 27: Suite, Apt.	50 DOUGLAS RD		ouglas ro	65-0719224	Not Applicable
L ' ' -	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State	·	6. Election Campaign Financing	
	MAMI (FL	28 MIAMI	FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year Integrible
24 33	133 25 USA	29 33 33	30 USA	Personal Property Tax due Ju	
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HAJJAR, MOHAMMAD BI Name HAJJAR, MOHAMMAD					
	50 DOUGLAS RD		82 Street Addre	ess (P.O. Box Number is Not Accept	
SUITE 200				2750 DOUGLAS	KO
ML	AMI FL(33134)	•	83	SUITE 200	
			B4 City M	BMi	FL 85 Zip Code 33133
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 hoard of directors. I hereby accept the appointment as registered.					
agent. I am familiar with, and accept the objigations of ection 607.0505, Florida Statutes. SIGNATURE MOHAMMAO HA) (AF- PLESIOEN 2/14/98					
SIGNATURE Signature, lyped or prefiled name of prefiled n					
12,	OFFICERS AND	DIRECTORS	13	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOHAMMAD, HAJJAR P		1.2 NAME		
STREET ADDRESS	2750 DOUGLAS RD, STE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL.	- Dr. dve	1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, MAURICE E P E		2.2 NAME		:
STREET ADDRESS	2750 DOUGLAS RD STE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C onange C Audition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	110 05(0)/2 =	
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 object.					

MOHAMMAD HALLOW, P.