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

PROFIT CORPORATION ANNUAL REPORT

1998 '



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

Sandra B. Morthac

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027234 (8)

JASHI CORPORATION

STREET ADDRESS

Principal Place of Business			Mailing Address		
7626 N. 56TH STREET TAMPA FL 33617			7626 N. S6TH STREET TAMPA FL 33617		DO NOT WRITE IN THIS SPACE
					,3. Date Incorporated or Qualified 03/24/1997
2. 21	Principal P	lace of Business	2a, Mailing Address 26		4. FEI Number Applied For Sq - 34 3 5 9 88 Not Applicable
22	Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired
23	City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	Zip 	Country 25	Zip 3	Country 0	8. 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					
PATEL, SURESH 7626 N. 56TH STREET 82 Street Addre				Codress (P.O. Box Number is Not Acceptable)	
7. TAMPA FL 33817					
				83 -	1626 N. 56 ST.
				84 City _	TAMPA FL 85 Zip Code 33617
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 SIGNA					
L				legistered Agent signature i	· · · · · · · · · · · · · · · · · · ·
12		D OFFICERS A	AND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NA	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	PATEL, SURESH	D DECEME	1.2 NAME	Change - Advictor
	REET ADDRESS	7626 N. 56TH STREET		1.3 STREET ADDRESS	
	Y-\$T-ZIP	TAMPA FL 33617		1.4 CITY - ST - ZIP	
TIT			☐ DELETE	2.1 TITLE	Change Addition
NA	ME			2.2 NAME	
STI	REET ADDRESS			2.3 STREET ADDRESS	
	Y-ST-ZIP			2 4 CITY - ST - ZIP	
TIT	ì		L DELETE	3.1 TITLE 7	Change Addition
NA OT	ME Veet address			3.2 NAME	
				3.3 STREET ADDRESS	
TIT	Y-ST-ZIP		DELETE	3.4. C(TY - ST - ZIP 4.1 TITLE	Change Addition
NA.	i i			4. 2 NAME	
	REET ADDRESS			4.3 STREET ADDRESS	
1	Y-ST-ZIP			4.4 CITY-ST-ZIP	
TIT			☐ DELETE	5.1 TITLE	Change Addition
NA	ME			5.2 NAME	600002494356
STI	REET ADDRESS			53 STREET ADDRESS	600002494356 -04/21/9801009018
CIT	Y-ST-ZIP			5.4 CITY-IST- ZIP	***150.00
TIT	LE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NA	MF			62 NAME	

14. Thereby 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.

6.3 STREET ADDRESS