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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000049997 (4)

J.A.Z. PROPERTIES, INC.

50 NE 26TH AVE., STE. 203 POMPANO BEACH FL 33062

Principal Place of Business

SIGNATURE: X

Mailing Address

50 NE 26TH AVE., STE. 203 POMPANO BEACH FL 33062

FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 06/05/1997

	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0760967	Not Applicable
Suite, Apt.	tuite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z(p	Country	8. This corporation owes or has paid the cur	rrent year Intangible
24	25		90		Yes No
	g. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	BAXTER, JACK A JR. 50 NE 26TH AVE., STE. 203	LI REZA ZARGARAN dress (P.O. Box Number is Not Acceptable)			
P	OMPANO BEACH FL 33062		50 NE 26TH AVENUE # 203		
83					
84 City - 85 Zip Code					
/1				MPANO BEACH FL	. 85 Zip Code 33062
11. Pursuant to the provisions of Species 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 flitte of forida. 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 buildings of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typod or printed hand of regarded-pand and title of applicable (NOTE Registaved Agent signature required when reinstating) DATE					
SIGNATURE	Signature, typod of printed hame of registered age	nd and title if applicable (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D/P/V/S/T	☐ DELETE	1.1 THILE		Change Addition
NAME	ZARGARAN, ALI R 🚺		1.2 NAME		
STREET ADDRESS	50 NE 26TH AVE., STE. 203	3	1.3 STREET ADDRESS		İ
CITY-ST-ZIP	POMPANO BEACH FL 3306	2	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME	l		2.2 NAME		{
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-S1-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TIFLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY - ST - ZIP		<u></u>
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME (52 NAME		
STREET ADDRESS	T.		5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby certify that the information supplied with this filling 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 supplied 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					
14. Thereby bettly that the information strippied with this filling 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 supplicitly and an information indicated on this annual report of supplicitly and accurate and that my signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation of the program 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 of an attachment with an address.					