SECOND NOTICE: CORPORATION WILL BE DI AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSO PROFIT CORPORATION ANNUAL REPORT					SOLVED,	SSOLVED ON OR AFTER SEPTEMBER 30, 1998. DLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State						Jul 31 1998 8:00am						
1998 - Division of c										ONS		Secretary of State						
1.	Corporatio	n Na me	I	P97000	060)501	(8)											
١	Jamaic/	an Bo ys	, inc															
		e of Busines	s		Ма	iling Addres	s	<u> </u>					111 110 1 10 11					
	17645 NW 18TH AVENUE 17645 NW 18TH AVENUE MIAMI FL 33056 MIAMI FL 33056										DO NOT WRITE IN THIS SPACE							
												te Incorporate /11/1997	d or Qualified			•		
2. 21	Principal Place of Business				2a. 26	2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·		I Number	1653	2/1			Applied	
	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Ce	rtificate of Stal		/ <u>4</u> []	\$8.75	Not Appl Additio	inal
	City & State					27 City & State					6. Ele	iction Campaig	in Financing	 -	-		Required O May B	
23	Zip		Co	untry	28	Zip		Coi	untry		· +	ist Fund Contri is corporation of	·	L paid ti	ne cu <u>rre</u> r		d to Fee	
24		9. Name	25 and Ad	Idress of Curren	29 t Registe	ered Agent		30	7		Pe	me and Addr	/ Tax due Ju	ne 30		Yes [No	
	1764	ISIN, ABDL 15 NW 1811 41 FL 3 305	h avei	NUE				· · ·	81 82	Name Street Add		Box Number is			-			
									83									
	•								84	City					FLI		Code	
	agent, i a	to th e p rovis registered ag am familiar w	ions of jent, or ith, end	sections 607.0502 both, in the State accept the obliga	and 607 of Florida tions of,	1508, Flori a. Such cha section 607	da Statute nge was 1.0505, Fl	es, the ab authorize orida Sta	ove-r d by tutes.	named corporat	oration subi tion's board	nits this statem of directors. I	ent for the pu hereby accept	urposit the	a of chan appointn	ging its i hent as i	registere registere	d id
	NATURE	Signature, typed	or printed	name of registered agen		· /	{N		ered Ag	ent signature rec					ATE		u	
12. TITLE		DP	<u>-</u>	OFFICERS AN	D DIREC		ELETE	13.	TLE	···· 1	ADD	ITIONS/CHAN	IGES TO OF	FICE			<u> </u>	î
NAME		ADDRESS 17645 NW 18TH AVENUE						1.2 NAME							L.,	Change		
	ET ADDRESS	17645 NY Miami Fl								ADDRESS								
TITLE	ST-ZIP	DVTS			·		ELETE	1.4 CI 2.1 TI	TY-ST-							Change	<u> </u>	ddition C
NAME		THOMAS, PETER TADDRESS 17645 NW 18TH AVENUE						2.2 N/	AME							onarge		
	ET ADDRESS ST-ZIP	MIAMI FL								ADDRESS								
TITLE						D	ELETE	3.1 T(TY ST TLE	219					- r	Change		ddition
NAME								3.2 N/	AME							onango	L	
	ET ADDRESS ST-ZIP								REET A	ODRESS								
TITLE						D	ELETE	4.1 TI							[Change	[] A	ddition
NAME								4.2 N/										
	TADDRESS								REET A	DDRESS								
TITLE						٥	ELETE	5.1 TI				1000	nee	<u> </u>	- - - - - - - - - - -	Change		ddition
NAME							·	5.2 NA	ME			- -08/ 03,	/9801	078	0 2	4 4	<u>ا</u> سب ۲۸	
	T ADDRESS							1		DDRESS		***150.	.00					
CITY-S	51- 21 2					n	ELETE	5.4 Cr 6.1 Tr	TY-ST-2	2IP					[]	Change		dition
NAME								6.2 NA							L]	Change	'n /	dition
	TADDRESS									DDRESS							1.	71
14. I	hereby ce	rtify that the	informal	ion supplied with	this filina	daes not or	alify for th	he exem	try-St-2	stated in sec	ction 119.07	(3)(i), Florida 9	Statutes 1 fort	hero	artify that	the info	mation	
l	ndicated o	n this an nua	report	or supplemental a oration or the lec led, or on an alta	innual re	oort is true	and accu	ate and t	that n	ov eignature	shall have	the same lens	l effect as if	made	under of	the that	lam	