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

PROFIT CORPORATION ANNUAL REPORT 1998	*(state seal)*	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # P97000083055 (8)

1. Corporation Name

JAY EMANUEL & ASSOCIATES INC.

(barcode)

Principal Place of Business	Mailing Address
7300 N KENDALL DR. STE 530 MIAMI FL 33156	7300 N KENDALL DR. STE 530 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/24/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 13200 SW 128 St	26 13200 SW 128 St	65-0782708	Not Applicable
Suite, Apt. #, etc. 22 F-2	Suite, Apt. #, etc. 27 F-2	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Miami Fl	City & State 28 Miami Fl	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33186	Country 25 Dade	Zip 29 33186	Country 30 Dade	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
EMANUEL, JAY 7300 N KENDALL DR, STE 530 MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128 St. F-2 83 84 City Miami FL 85 Zip Code 33186

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE		1.1 TITLE PRES	☑ Change ☐ Addition
NAME EMANUEL, JAY		1.2 NAME	
STREET ADDRESS 7300 N KENDALL DR, STE 530		1.3 STREET ADDRESS 13200 SW 128 St. F-2	
CITY-ST-ZIP MIAMI FL 33156		1.4 CITY-ST-ZIP Miami Fl 33186	
TITLE Secy/Treas ☐ DELETE		2.1 TITLE Secy/Treas	☐ Change ☑ Addition
NAME Joseph Emanuel		2.2 NAME Joseph Emanuel	
STREET ADDRESS		2.3 STREET ADDRESS 13200 SW 128 St. F-2	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami Fl 33186	
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 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	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: ___ SIGNATURE REQUIRED Emanuel ___ 1/9/98 (305) 255-2660