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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100508 (5)

JAYPEE BUSINESS CORP.

Principal Placi	e or Business	Mailing Address		
		3619 NORTHWEST 11 CORAL SPRINGS FL		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
]				, ·
A Difference D	Para of Divisionia	T = Main = Add		11/26/1997
		2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
21 Cuita Ant	4 - 1-	26]		
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
27 City & State Ci		City & State	···	
		F-7 '		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	T Country	Trust Fund Contribution L. Added to Fees
_ '	<u></u>	├ ¬ `	Country	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curren	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Od No.				10. Italile site Addiess of Item Registered Agent
t	M er ilawyer		VI Name	
343 ALMERIA AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				
			83	
			84 City	85 Zip Code
				<u> </u>
11. Pursuant i	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statutes.	stion's board of directors, thereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE. Registered Agent signature requ	rired when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	, 1.1 TITLE	Change Addition
NAME	Prakash, Jose		1.2 NAME	
STREET ADDRESS	3619 NORTHWEST 114TH	LANE	1.3 STREET ADDRESS	•
CITY-ST-ZIP	CORAL SPRINGS FL 33069	5	1.4 CITY-ST-ZIP	
TITLE	STD	DELETE	2.1 TITLE	Change Addition
NAME	PRAKASH, JANCY J		2.2 NAME	
STREET ADDRESS	3619 NORTHWEST 114TH	LANE	2 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 3306		2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 HTLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELET E	3.4. C(TY - S1 - ZIP 4.1 TITLE	☐ Change ☐ Addition
IIILE		← Perreit	4.1 IIILE	Li change Li Addition

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 suppliemental 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 trusted 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 andress.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

Change

Change

Addition

Addition

FILED

May 05 1998 8:00am

Secretary of State