PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Kathering Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027638

1. Corporation Name											
JAMAICAN HERBAL & HEALING, INC.											
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ſ								101 1010 11 01		1 1910 HEN 1330	
Principal Pla	ce of Business	Mailing Ad	dress				- 1 1901(091-500 1870) 40(4) 081(4)	num måkny måkny	IYAYI CAMIN META	10 12 18 18 1 4 6 13 1 1 1 1 1 1 1	
4244 N. STATE ROAD 7 4244 N. STATE ROAD 7											
LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319											
A MARTINE CARE LE AND A							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
ļ							03/25/1998				
2. Principal Place of Business 2a. Malling Address							4. FEI Number		A	optied For	
21	21 26						65 - 0	822803		eldspilga to	
Suite, Apt. #, etc. Suite, Apl. #, etc.									\$8.75	Additional	
22 27							5. Certifcate of Status Desired		Fee R	equired	
City & State City & State							6. Election Campaign Financing		\$5.00	May Be	
23					Trust Fund Contribution			to Fees			
Zip	Zip Country Zip			Country			8. This corporation owes the cur	ent vear Inta	ngible		
24	25	29	ſ	30	•		Personal Property Tax.	J. 1, 100	☐ Yes	XNo.	
=-1.	9. Name and Address of Curr						10. Name and Address of New	Registered /	gent	<i></i>	
				8-	Nan	10					
PIT	Ter, Carl S			<u></u>	<u> </u>						
7447 NW 57 ST					82 Street Address (P.O. Box Number is Not Acceptable)						
TAMARAC FL 33319					-						
				"	1]	
				84	City			FL	85 Zip	Code	
44 Diseasont	to the ampleton of Familian 807.00	02 and CO7 1500	Elorida Statuta	- 12 - -			esting submits this statement for the		thanaina ita	registered	
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat rm familiar with, and accept the oblig	e of Florida. Such	change was au	thorized by	the co	rporation	's board of directors. I hereby accept	the appoin	iment as re	gistered	
agent. i z	im familiar with, and accept the oblig	pations of, Section	807.0505, Flor	ida Statute	8.					1	
SIGNATURE											
12.	Signature, typed or primed name of registered as	ND DIRECTORS	(NOTE:	13.	at pignatu	en required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTO	DS IN 12	
TITLE	DPT OF TOLKS A		DELETE	1.1 MLE			ADDITIONS CHANGES TO OF	ICENS AIN	Change	Addition	
NAME	COOKE, MERTON			1.2 NAME					_ ·		
	4244 N. STATE ROAD 7			4		_				l	
STREET ADDRESS		10		1.3 STREE		22					
CITY-ST-ZP	LAUDERDALE LAKES FL 333	19		1.4 CITY-S	T- ZIP	_					
TITLE	DVS		DELETE	2.1 TITLE					Change	☐ Addition	
NAME	FRANCIS, HYACINTH			22 NAME		į					
STREET ADORESS	4244 N. STATE ROAD 7			2.3 STREE	T ADDRES	is					
CITY-ST-ZIP	LAUDERDALE LAKES FL 333	19 _		2.4 CITY-	5T-23P	[_			
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAME						- 1	
STREET ADDRESS	}			3.3 STREE	TADORES	is				}	
CITY-ST-ZIP	<u></u>			3.4. CITY-5	T- ZIP	1					
TITLE			DELETE	4.1 TITLE		1			Change	☐ Addition	
NAME				4.2 NAME		1					
STREET ADDRESS				4.3 STREE	TADORES	s}				}	
CITY-ST-ZIP				4.4 CITY-S						1	
TITLE	***************************************		DELETE	5.1 TITLE		†			Change	Addition	
NAME				5.2 NAME					•	_	
STREET ADDRESS				5.3 STREET	TADORES	s				1	
CITY-ST-ZIP				5.4 CITY-S						- 1	
TITLE			DELETE	6.1 TITLE		+			Change	Addition	
NAME		•		62 NAME		1			_ summy		
		-		6.3 STREET	AWNES	إ				Į.	
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CITY-ST-ZIP				6.4 CITY- \$1	. 4	1				1	

14. I hereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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, with all other like empowered.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytimu Phone #

May 06, 1999 8:00 am Secretary of State 05-06-1999 90165 047 ***150.00

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