

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:27

**DOCUMENT # S11843 (7)**  
1. Corporation Name  
**JAIKA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**6751 WEST FLAGLER STREET      6751 WEST FLAGLER STREET  
MIAMI FL 33144                      MIAMI FL 33144**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/09/1990                                  02/22/1994**

2. Principal Place of Business      2b. Mailing Address

4. FEI Number      Applied For  
**65-0227249                                  Not Applicable**

21. Suite, Apt., #, etc.      26. Suite, Apt., #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

22. City & State      27. City & State

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

23. Zip      Country      28. Zip      Country

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes       Yes       No

24. Zip      Country      29. Zip      Country

9. Name and Address of Current Registered Agent  
**SELESLEY, CUSIEL  
2527 SW 16 ST  
SUITE 500  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code

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]*  
Printed name of person or persons appointed as registered agent and his or her address.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: SELESKY, CUSIEL  
STREET ADDRESS: 2527 SW 16 ST  
CITY-ST-ZIP: MIAMI FL

11. TITLE:  Change       Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

TITLE: D  
NAME: SELESKY, REBECA  
STREET ADDRESS: 2527 SW 16 ST  
CITY-ST-ZIP: MIAMI FL

21. TITLE:  Change       Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

31. TITLE:  Change       Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

41. TITLE:  Change       Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

51. TITLE:  Change       Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

61. TITLE:  Change       Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 191(2)(b), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR