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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #Corporation Name S15123

(0)

Jar Chemical, inc.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 645E NW 77TH CT. 6456 NW 77TH CT. MIAM! FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1990 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0254546 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DIEGO, JOSE DE 17814 NW 16TH ST **B2** Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 **B4** City Zip Code 85 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, typod or printed name of registered agent and title if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS Change Addition DELETE TITLE 11 TITLE NAME DE DIEGO, JOSE 1.2 NAME STREET ADDRESS 17814 NW 16 ST. 1.3 STREET ADDRESS PEMBROKE PINES FL City-St-7/P 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-SI-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREE1 ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 supplied under oath, that I am an officer or director of the corporation for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this 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 for the exemption of the corporation for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this 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 for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this 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 for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE: