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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90017 002 ***150.00

 Corporation 	MENT # V φ	2184					
JAI	na Investm	ent +Exp	ort	INC			
					_		
'	te of Business	Mailing Address	}		,		
3020 n.E. 56 Ct, 2800 E. Commercial BN					<i>6</i>		
Ft. LAuderdale, H Ste 208, Ft. LAuder				DO NOT WRITE IN THIS SPACE			
33308 St. LAUder				da le H 3. Date Incorporated or Qualifed			
2. Principal Place of Business 2a. Mailing Address			<u> </u>	300'	4. FEI Number		Applied For
21 26					65=0355435	, 	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
27					5. Certificate of Status Desired	Fee F	Required
City & State City & State					6. Election Campaign Financing	•	0 May Be
23 28			Causta		Trust Fund Contribution		d to Fees
Zip	Country Zip		Countr	У	This corporation owes the current year li Personal Property Tax.	ntangible N Yes	□No
24	9. Name and Address of Currer	29 29 Agent	30	<u> </u>	10. Name and Address of New Registered		
			8	1 Name			
110	Sula Netteko	vei	8:	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
				Sucot Addre	(1.0. Box Harriage is Not Proceptions)		
300	20 NE 56 Ct	D	8	3			
11	1 and ordale	Le	8-	4 City		85 Zip	p Code
<u> </u>	ZHUWE Dan	<u> 3</u> 3308		<u> </u>	FI		the resistance
office or	registered agent, or both, in the State	of Florida. Such change was a	authorized b	y the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	or changing in ointment as	registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable (NOTE	F: Registered Ag	ent signature required	when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	10	☐ DELETE	1.1 TITLE			Change	e 🔲 Addition
NAME	LIR SULA Netterbuen		1.2 NAME	:			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	II. LAUdes	dale te	1.4 CITY-				a D Addition
TITLE	- '	DELETE	2.1 TITLE			Change	e
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-			☐ Change	e Addition
NAME		—- /-	3.2 NAME		_ =		
STREET ADDRESS		•	3.3 STRE	ET AODRESS			}
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e 🗌 Addition
NAME			4, 2 NAMI	=			
STREET ADDRESS			4.3 STRE	ETADDRESS			
CITY-ST-ZIP		□ priete	4.4 CITY-			☐ Change	e Addition
TITLE		☐ DÉLETE	5.1 TITLE 5.2 NAME			LJ Oliange	C C, woney
NAME				ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-				
TITLE			6.1 TTLE			Change	e Addition
NAME			62 NAME	:			1
STREET ADDRESS			6.3 STRE	ET ADORESS			
	ł.		64 CITY	ST_ 7IP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vale 6-7-99 954 998-0707

CR2E034 (11/98)

<u>=</u>;