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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L48314

1. Corporation Name

. JADII ITATIONI AND DECOVEDY INC

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Principal Place of Business	
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9701 BISCAYNE BLVD.	
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141A141 Et 22120	

FILED Apr 16, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address			100 101: 5:: 6:45 14:46 1:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9701 BISCAYNE MIAMLEL 33138		P. O. BOX 330072 MIAMI FL 33233						
118 LE 33130		US		1	DO NOT	WRITE IN THIS	SPACE	
				3. Date	ncorporated or Qual	lifed'		
					2/19 <u>90</u>			
	ace of Business	2a. Mailing Address	1.1.154 911	4. FEIN			Ar	plied For
21 11900 1	BISCAYNE BLVD	26 //900 DISC/	YNE BLU	W NOT	APPLICABLE	<u>.</u>	·	t Applicable
Suite, Apt	#, etc.	Suite, Apt. *, etc.		5. Certife	cate of Status Desire	ed 🗆	\$8.75 / Fee Re	Additional equired
City & State	HI FL	City & State	FL	F	on Campaign Finance Fund Contribution	cing 🌠	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Country	8. This c	corporation owes the	current year Inta	angible	
24 33/1	\$ / 25	29 33/8/	30	1 -	nal Property Tax.		Yes	□No
	9. Name and Address of Current F			10. Name	and Address of N	lew Registered	Agent	
			81 Name					
	nstein, joel		82 Street	Address (P.O. Bo	x Number is Not Ac	ceptable).		
	BISGAYNE BLVD.		" <i>"1191</i>	00 0/5	X Number is Not Ac	BLUD	•	
MIAN	 FL-33138	•	83	SUITE	604			
			84 City	2011-			85 Zip	Code
	•		1 1	liah <u>i </u>		FL_		Code /
	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	s, the above-named	corporation subm	its this statement fo	r the purpose of	changing its	registered
11. Pursuant	to the provisions of Sections 607.0502		therized by the come	ration's board of	directors I hereby s	accent the annoir		
office or r	opiotorod whent or both in the State of	Florida, Such change was a	monzed by the como	oration's board of	directors. I hereby a	accept the appoir	ntment as re	gistered
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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 en an attachment with an address, with all other like empowered.

SIGNATURE: