CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:00

DOCUMENT # P94000091252 (4)

1. Corporation Name

JBL DESIGN, INC.

Principal Place of Business	Mailing Address
C/O JANICE LIPTON 19495 BISCAYNE BLVD. SUITE 410 AVENTURA FL 33180	C/O JANICE LIPTON 19495 BISCAYNE BLVD. SUITE 410 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 65-0559540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND STREET, 35TH FLOOR
MIAMI FL 33131-2130

10. Name and Address of New Registered Agent

81 Name: Janice Barney

82 Street Address (P.O. Box Number is Not Acceptable): 4810 SW 11th th Ave

83:

84 City: Ft Laud FL 85 Zip Code: 33331

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: Janice Barney
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LIPTON, JANICE	12 NAME	
STREET ADDRESS	19495 BISCAYNE BLVD., STE 410	13 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LIPTON, ALAN	22 NAME	
STREET ADDRESS	19495 BISCAYNE BLVD., STE 410	23 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	REMITTED BY MAY 1 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001183 FP