FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **489059** **(6)**

1. Corporation Name

JACARANDA, INC.

Principal Place of Business	Mailing Address
1590 N.W. 159TH STREET % D. WHITTELSEY MIAMI FL 33169	1590 N.W. 159TH STREET % D. WHITTELSEY MIAMI FL 33169

3. Date Incorporated or Qualified: **11/06/1975**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21: 1590 NW 159th Street
22: Suite, Apt. #, etc.
23: City & State: Miami, Florida
24: Zip: 33169
25: Country:

2a. Mailing Address
26: 1590 NW 159th Street
27: Suite, Apt. #, etc.
28: City & State: Miami, FLorida
29: Zip: 33169
30: Country:

4. FEI Number: **59-1636020** ☐ 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

WHITTELSEY, DANIEL C
1590 NW 159 ST
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: John G. Admire
82 Street Address (P.O. Box Number is Not Acceptable): 2511 Ponce de Leon Blvd.
83:
84 City: Miami **FL** 85 Zip Code: 33134

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: John G Admire JOHN G. ADMIRE (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOSHIMA, SADAO		1.2 NAME		
STREET ADDRESS	1590 NW 159 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP		
TITLE	P/D	☐ DELETE	2.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	WHITTELSEY, DANIEL C		2.2 NAME		
STREET ADDRESS	710 CATALONIA AVE		2.3 STREET ADDRESS	204 H Street	
CITY-ST-ZIP	CORAL GABLES, FL 0 33134		2.4 CITY-ST-ZIP	Mountain Lake Park, MD 21550	
TITLE	V/D	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	WHITTELSEY, THOMAS F		3.2 NAME		
STREET ADDRESS	7530SW 141 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	TOMIBE, HISASHI		4.2 NAME		
STREET ADDRESS	1590 NW 159 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change XX Addition
NAME			5.2 NAME	Mari Whittelsey	
STREET ADDRESS			5.3 STREET ADDRESS	7350 SW 141 Terrace	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FLorida 33158	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME			6.2 NAME	Uoi, Hiromu	
STREET ADDRESS			6.3 STREET ADDRESS	1590 NW 159 Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami Florida 33169	

CR2E034 (12/95)

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 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.

SIGNATURE: _____ 4/26/96 305-621-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #