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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **839909** **(9)**

1. Corporation Name

JAMBALAYA COMPANY, N.V. INC.

Principal Place of Business	Mailing Address
3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD. MIAMI FL 33131	3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/23/1978	04/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or PO	Suite, Apt. # or PO
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

4. FEI Number: **98-0039121** ☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES INC 3400 ONE BISCAYNE BLVD. 2 S. BISCAYNE BLVD. MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1005, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	MP	TITLE	☐ Change ☐ Addition
NAME	SUMMONTE L, SALVATORE	NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	CITY-ST-ZIP	
TITLE	MST	TITLE	☐ Change ☐ Addition
NAME	SUMMONTE, YOLANDA T DE	NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	CITY-ST-ZIP	
TITLE	MV	TITLE	☐ Change ☐ Addition
NAME	VALDES-FAULI, RAUL E	NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete and does not qualify for the exemptions 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 above, or on an attachment with an address.

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

0129370 CP