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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # F95000000237(6)

1. Corporation Name

JLJ U.S., Inc.

Principal Place of Business / Mailing Address

JLJ U.S., Inc.
c/o Gelfand 9400 S. Dadeland Blvd, suite #100
Miami, FL. 33156

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 3. Date Incorporated or Qualified: 1-12-95 | |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 4. FEI Number: 58-2144111 | ☐ Applied For ☐ Not Applicable |
| City & State (23) | City & State (28) | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip (24) / Country (25) | Zip (29) / Country (30) | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No | |

9. Name and Address of Current Registered Agent

Gelfand, Elliott J.
9400 S. Dadeland Blvd, suite #100
Miami, FL 33156

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of individual and capacity or relationship to corporation (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| PD<br>Hooker, Joanne<br>3106 Sleepy Hollow Rd.<br>Falls Church, VA 22042 | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| VD<br>Klein-Glaisher, Jodi<br>P.O Box 881091 / 27800 Bear Trail<br>Steamboat Springs, CO 80488 | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| SP<br>Klein, Lisa<br>231 West Valley Road<br>Wayne, PA 19087 | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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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 on an attached sheet with an address.

**SIGNATURE:** ✓ _____ Joanne Hooker _____ ✓703 532-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)