FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G17185 (1) Jeffdelle, inc. Principal Place of Business Mailing Address 4440 N.W. 36TH ST. 4440 N.W. 36TH ST MIAMI FL 33142 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 12/21/1982 2a. Mailing Address 01/24/1995 21 4. FEI Number 26 Applied For Suite, Apt. #, etc. 59-2248679 Suite, Apt. #, etc. Not Applicable 22 5. Certificate of Status Desired 27 \$8.75 Additional City & State Fee Required City & State 23 6. Election Campaign Financing 28 \$5.00 May Be Ζφ \Box Trust Fund Contribution Country Żψ Added to Fees Country 24 8. This corporation has liability for intangible tax under s 199.032. 25 29 30 Name and Address of Current Registered Agent Florida Statutes ¥Yes □No 10. Name and Address of New Registered Agent 81 Name KURZBAN, MARVIN ESQ. Street Address (P.O. Box Number is Not Acceptable) 2650 SW 27TH AVE 82 MIAMI FL 33133 83 84 City 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typed or proded name, of regulated figuret and are of appropriate (401). Registered Agent signature required when reinstatings 12 OFFICERS AND DIRECTORS 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD CR2E034 (12/95) DELFTE 1. 1 JID 6 KRAMER, JEFFREY NAME Change Addition 1.2 NAME 11410 NW 15TH COURT STREET ADDRESS 13 STREET ADORESS CITY - ST - ZIF PEMBROKE PINES FL TITLE 14 0/TY - ST - Z/P TAS DELETE 2 1 TIFLE KRAMER, SYDELLE NAME ☐ Change ☐ Addition 2.2 NAME STREET ADDRESS 11410 N.W. 15TH COURT 2.3 STREET ADDRESS PEMBROKE PINES FL CHY-SI-ZIP 2.4 CITY-ST-ZIP TILE DELETE 3 1 Title KURZBAN, MARVIN NAME Change ☐ Addition 3.2 NAME STREET ADDRESS 2650 W 27TH AVE 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY - ST - ZIP TICLE DELETE 4. 1 TITLE NAME Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4 4 CITY-ST-ZIP THILE DELETE 5 1 HILE NAMS Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELFTE 6 171716 NAME ☐ Change ■ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(k). 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 appears in Block 12 or Block 13 if changed, or or jun attachment with an address.

SIGNATURE:

E OF SIGNING OFFICER

305) 6345573