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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10: 24

DOCUMENT # G45664 (1)

1. Corporation Name

JDB INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O JAMERSON, SUTTON, & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134 US	C/O JAMERSON, SUTTON, & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/16/1983

3a. Date of Last Report: 04/25/1994

4. FEI Number: 59-2667745 ☐ 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

JAMERSON, SUTTON & SURLA P
2655 LE JEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Robert L. Jamerson, Jr., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road
83 Penthouse II
84 City: Coral Gables 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 [signature] President 6/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Robert L. Jamerson, Jr.

12.

TITLE	DV
NAME	BRILLEMBOURG, DAVID D.
STREET ADDRESS	2655 LE JEUNE RD. PH II
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DV
NAME	BRILLEMBOURG,ADELAIDA
STREET ADDRESS	2655 LE JEUNE RD PH II
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DPS
NAME	BRILLEMBOURG, RENE
STREET ADDRESS	2655 LE JEUNE RD PH II
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DV
NAME	BRILLEMBOURG,ELKE
STREET ADDRESS	2655 LE JEUNE RD. PH II
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DV
NAME	BRILLEMBOURG, TANYA
STREET ADDRESS	2655 LE JEUNE RD PH II
CITY-ST-ZIP	CORAL GABLES,FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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 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: X [signature] 6/5/95 (305) 448-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RENE BRILLEMBOURG

0141320 CP