

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PS0003102

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

90 JUL 31 PM 5:41

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

J84632 5

ZIP + 4 PRESORT

ST. JUDAS, INC.
709 NORTH STATE ROAD 7
HOLLYWOOD, FL 33024

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct
address below. P.O. Box number alone is NOT sufficient. The NAME
of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified
To Do Business in Florida 07/28/1987

4. FEI Number 59-2828304

FEI Number Applied For
FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	Title	2	Names of Officers and Directors	3	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4	City and State	5
1	P/S/D		BARCELO, BLANCA R.		709 NORTH STATE ROAD 7		HOLLYWOOD, FL	
1x								
2								
2x								
3								
3x								
4								
4x								
5								
5x								
6								
6x								

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BARCELO, BLANCA R.
709 N. STATE ROAD 7
HOLLYWOOD, FL 33024

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 FS.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

10. I 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 effects as if made under oath. I further certify 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, FS.

Signature: *Blanca Barcelo*

Date: 7-18-90

Typed Name of Signing Officer or Director

BLANCA BARCELO

Title

PRESIDENT

Telephone Number (305)

981-6661

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$5 Additional Fee
required for a
Certificate of Status