* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P94000063632

FILED
1994 JUL 29 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name: ST. JUDAS, INC.

DOCUMENT # J84632

Mailing Address: 709 NORTH STATE ROAD 7, HOLLYWOOD, FL 33021-5602

Principal Place of Business: DELETE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 04/28/1993

2. Mailing Address
21: 703-705 N. State Rd. 7
Suite, Apt. #, etc. 22:
City & State 23: HOLLYWOOD, FL
Zip 24: 33021 Country 25: USA

2a. Principal Place of Business
26: 703-705 N. State Rd 7
Suite, Apt. #, etc. 27:
City & State 28: HOLLYWOOD, FL.
Zip 29: 33021 Country 30: USA

4. FEI Number: 59-2828304
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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STILLER, CHARLES R. ESQ
900 SUN BANK BLDG.
777 BRICKELL AVE.
MIAMI, FL. 33131

DELETE

10. Name and Address of New Registered Agent

81 Name: BLANCA BARCELO
82 Street Address (P.O. Box Number is Not Acceptable): 703-705 N. STATE RD. #7
83:
84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Florida Agent, Agent's Attorney or Agent's Employee) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE: P/VP/S/D
12 NAME: BARCELO, BLANCA R.
13 STREET ADDRESS: 703-705 NORTH STATE ROAD 7
14 CITY-ST-ZIP: HOLLYWOOD, FL. 33021-

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

REINSTATEMENT 94

Cwa 8-1-94@

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

600001244266
-08/04/94--01043--031
****225.00 ****225.00

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

600001244266
-08/04/94--01043--032
****158.75 -****158.75

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/29/94 (305) 961-6235
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #