FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L24466** **(9)**

1. Corporation Name

J & B PACKAGE, INC.

Principal Place of Business
C/O MUNIE RUPNARIAN
P. O. BOX 1010
OKLAWAHA FL 32179

Mailing Address
C/O MUNIE RUPNARIAN
P. O. BOX 1010
OKLAWAHA FL 32179

2. Principal Place of Business
21 13520 EAST Hwy 25
Suite, Apt. #, etc.
22
City & State
23 Oklawaha FL
Zip 24 32179. Country 25 USA

2a. Mailing Address
26 8490 C/R 25
Suite, Apt. #, etc.
27
City & State
28 Belleview FL
Zip 29 34420 Country 30 USA.

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 04/28/1995
4. FEI Number: NOT APPLICABLE ☐ 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

MUNIE R. RUPNARAIN
13520 EAST HWY. 25
OKLAWAHA FL 32179

10. Name and Address of New Registered Agent
81 Name: RAMESH VISHUDANAND.
82 Street Address (P.O. Box Number is Not Acceptable): 8490 S.E. C/R 25
83
84 City: Belleview FL 85 Zip Code 34420

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: R. Vishudanand President 1/12/96.

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	RUPNARAIN, MUNIE R	
STREET ADDRESS	P O BOX 1010 N/A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	S	☒ DELETE
NAME	RUPNARAIN, TULSIDEI	
STREET ADDRESS	P. O. BOX 1010 N/A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	RAMESH VISHUDANAND	
1.3 STREET ADDRESS	8490 C/R 25	
1.4 CITY-ST-ZIP	BELLEVIEW, FL 34420.	
2.1 TITLE	SECRETARY.	☐ Change ☒ Addition
2.2 NAME	DAMWANTIE VISHUDANAND.	
2.3 STREET ADDRESS	8490 C/R 25	
2.4 CITY-ST-ZIP	BELLEVIEW, FL 34420	
3.1 TITLE		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition

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: Munie R. Rupnarain 1/12/96 288-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)