SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT #** (3) JEANRICK, CORP. Principal Place of Business Mailing Address 10740 W. FLAGLER STREET % ONEIDA REBOLLIDA SHITE 7 3175 S.W. 109 COURT MIAMI FL 33174 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE us 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1990 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FLI Number Applied For 26 65-0169459 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 2mCountry 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REBOLLIDA. ONEIDA 3175 S.W. 109 COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition REBOLLIDA, ONEIDA NAME 1.2 NAME 3175 S.W. 109 COURT STREET ADDRESS 1.3 STREET ADDRESS MF 7/23/97 MIAMI FL CITY - ST - ZIP 1.4 City-ST-7iP TITLE DETETE 2.1 TITLE Change Addition 200002248052---07/25/97--01079--010 REBOLLIDA, PEDRO NAME 2.2 NAME 3175 S.W. 109 COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL ****165.00 ****165.00 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 DILE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 C(TY - ST - Z)P DELFTE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 C(1Y - \$1 - Z(P 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.