**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 AUG -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L50747** **(9)**

1. Corporation Name
JOMICLE CORP.

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 1384 HERITAGE ACRES BLVD.<br>SUITE A<br>ROCKLEDGE FL 32955<br>US | 1384 HERITAGE ACRES BLVD.<br>SUITE A<br>ROCKLEDGE FL 32955<br>US |

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 08/15/1994

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 59-3116889 | ☐ Applied For ☐ Not Applicable |
| 21 2000 S Dixie Hwy | 26 2000 S. Dixie | | |
| Suite, Apt. #, etc.<br>22 101 M # | Suite, Apt. #, etc.<br>27 100 M | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State<br>23 FLORIDA · MIAMI | City & State<br>28 MIAMI FLA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip / Country<br>24 33133 / 25 U.S. | Zip / Country<br>29 33133 / 30 U.S. | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BARNAVON, BOAZ<br>1356 RICHWOOD CIRCLE<br>ROCKLEDGE FL 32955 | 81 Name: MICHEL HUYSMAN<br>82 Street Address (P.O. Box Number Not Acceptable): 2000 S. Dixie Hwy<br>83: SUITE 100 M<br>84 City: MIAMI FL 85 Zip Code: 33133 |

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] MICHEL HUYSMAN 7/28/95
Signature, type or print name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12. | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KARAM, MILED | 12 NAME | |
| STREET ADDRESS | 1356 RICHWOOD CIRCLE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL | 14 CITY-ST-ZIP | |
| TITLE | SV | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BAR-NAVON, HAIM I. | 22 NAME | |
| STREET ADDRESS | 1356 RICHWOOD CIRCLE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL | 24 CITY-ST-ZIP | |
| TITLE | TD + S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | KARAM, GEORGETTE | 32 NAME | |
| STREET ADDRESS | 1356 RICHWOOD CIRCLE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ~~SV~~ MICHEL HUYSMAN | 42 NAME | |
| STREET ADDRESS | A/S 2000 S. DIXIE #100 M | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33133 | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(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.

**SIGNATURE:** [signature] 7-28-89 305-854-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHEL HUYSMAN

0016331 CP