FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:53

DOCUMENT # **M00392** **(4)**

1. Corporation Name
JDB HOLDINGS, INC.

Principal Place of Business	Mailing Address
2655 LE JUNE ROAD/PENTHOUSE II C/O JAMERSON & SUTTON, P.A. CORAL GABLES FL 33134	2655 LE JUNE ROAD/PENTHOUSE II C/O JAMERSON & SUTTON, P.A. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/10/1984**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0039505** ☐ 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

JAMERSON, SUTTON AND SUR
2655 LE JEUNE RD
PENTHOUSE II
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Robert L. Jamerson, Jr., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road
83: Penthouse II
84 City: Coral Gables **FL** 85 Zip Code: 33134

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: Robert L. Jamerson, Jr. Pres. 6/7/95
Signature, typed or printed name of registered agent and title if agent is corporate officer. Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, RENE	12 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, ELKE	22 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, ADELAIDA	32 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, TANYA	42 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP		
TITLE	DV	51 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, DAVID D	52 NAME		
STREET ADDRESS	2655 LE JEUNE RD PH II	53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: X _____ 6/5/95 (305) 448-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RENE BRILLEMBOURG

D141478 CP