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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 JUL 25 AM 8:13

DOCUMENT # P92000001868 (8)

1. Corporation Name
THE DEBJON GROUP, INC.

Principal Place of Business	Mailing Address
5190 N.W. 167TH STREET. SUITE 204 MIAMI LAKES FL 33014	5190 N.W. 167TH STREET. SUITE 204 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 05/06/1994

2. Principal Place of Business	2a. Mailing Address
21 3601 W. Commercial Blvd	26 3601 W. Commercial Blvd.
Suite, Apt. #, etc 22 Suite 35	Suite, Apt. #, etc 27 Suite 35
City & State 23 Fort Lauderdale FL	City & State 28 Fort Lauderdale FL
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

4. FEI Number: 65-0369950 ☐ 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

JOHNSON, DEBRA L
18725 N.W. 23RD AVENUE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name: Debra L. Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 8738 NW 61 Street
83
84 City: Tamarac FL 85 Zip Code: 33321

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: Debra L. Johnson President/Director — DATE: 7-10-95
(Signature, Typed or printed name of individual with authority to sign) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, DEBRA L	12 NAME	Debra L. Johnson	
STREET ADDRESS	18725 N.W. 23RD AVENUE	13 STREET ADDRESS	8738 NW 61 Street	
CITY ST ZIP	MIAMI FL 33056	14 CITY ST ZIP	Tamarac, FL 33321	
TITLE	ST	21 TITLE	STV	☐ Change ☒ Addition
NAME	JACKSON, ZINE H	22 NAME	Zine H. Jackson	
STREET ADDRESS	2000 S.W. 97TH LANE	23 STREET ADDRESS	2000 S.W. 97 Lane	
CITY ST ZIP	FORT LAUDERDALE FL 33324	24 CITY ST ZIP	Fort Lauderdale, FL 33324	
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	James Spann	
STREET ADDRESS		33 STREET ADDRESS	1152 NW 6th Street	
CITY ST ZIP		34 CITY ST ZIP	Miami FL 33127	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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		

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: Debra L. Johnson — Debra L. Johnson President/Director — 7-10-95 — (305) 423-6803
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0084869 CP