FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

DOCUMENT # P9200006559 (8)

JERVIO, INC.

FILED Jun 05 1997 8:00am Secretary of State

JENVIO,	1140.												
Dringing Dings	o of Dusinos		111	allon Anthropa			···		1881 18 81 188				
Principal Place of Business 19842 SW 117TH CT				Mailing Address									
MIAMI FL 3317				842 SW 117TH CT AMI FL 93177-4431									
									3. Date Incorporated or Qualified 11/20/1992		te of Last 20/1996		7
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		7/	Applied For	
21				26					65-0408628		ľ	Vot Applicable	}
Sulte, Apt. #, etc.				Suite, Apt. #, etc.]	5. Certificate of Status Desired		\$8.75	Additional	
22				27					- Common of Grand Scotton		Fee F	Required	_
City & State				City & State					6. Election Campaign Financing	F ***1		May Be	
23									Trust Fund Contribution	Ш		d to Fees	4
Zip	· — ·						•	8. This corporation has liability for intangible tax under s. Florida Statutes X Yes \(\text{Yes} \) No			s. 199.032,		
24	A Nama	25 and Address of Currer	29	lored Apont	30	Т			Florida Statutes 10. Name and Address of New Rec				
800			II HABIS	leled Agelli		81	Name		10. Name and Address of New Heg	i stereu A	tgent		+
	MITALLA,						Taurio						
9655 SO DIXIE HWY STE 311						82	Street A	Street Address (P.O. Box Number is Not a		e)			7
	MI FL 3315	E O				83					······		\dashv
MIN	MI FL 33 K	20				00							1
						84	City			FL	85 Zip	Code	
44 Durament	to the provin	ions of Santions 607.050	2 and 6	07 1609 Florida Platu	los tho c	bov.	nomed	ADEIDAL	ation submits this statement for the pr		abanaina	ita ragialarad	-
office or re	egistered ac	ent, or both, in the State	of Florid	la. Such change was	authorize	ed by	the corp	oration	alion solutions this statement for the probe board of directors. I hereby accep	t the appo	changing sintment a	is registered	
agent. I ar	m familiar w	ith, and accept the oblig	ations of	, Section 607.0505, F1	orida Sta	lutes	S .						
SIGNATURE	Slaneture types	or printed name of registered age	nt nod title	č apolicablo (NO)	IF - Denistars	d Aor	ent eigenature	required :	when reinstating)	DATE			1
12.	orgination, type o	OFFICERS AN			13.	o Age	and angliantic	required	ADDITIONS/CHANGES TO OFFIC		DIRECTO)RS IN 12	1
TITLE	D			DELETE			T				Change		
NAME	FARRINGTON, JEREMIAH 19842 SW2 117TH CT						1.2 NAME 1.3 STREET ADDRESS			t			
STREET ADDRESS													8
CITY-ST-ZIP	MIAMI FI	L 33177		ŀ			1.4 CITY - S1 - 7(P						į
TITLE	0			DELETE	2.1 7						☐ Change	Addition	7
NAME	FARRING	STON, VIOLETT			2.2 N	AME	Ī						
STREET ADDRESS	19842 S	W2 117TH CT			2.3 \$	TREET	ADDRESS						ĺ
CITY-ST-ZIP	MIAMI FI	L 33177			2 4	OHTY-S	SI-ZIP						
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NAME					3.2 N	AME							ł
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CITY-ST-ZIP					3.4 ()11Y-5	S1-ZIP						
TITLE				DELETE	4.1 T	ITLE					Change	Addition	٦
NAME					4.21	NAME							
STREET ADDRESS					4.3 S	TREET	ADDRESS						
CITY-ST-ZIP					440	IIY-S	T-ZIP						
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NAME					5.2 N	AME							
STREET ADDRESS					5.3 \$	TREET	ADDRESS						1
CITY-ST-ZIP					5 <u>.4</u> C	<u> 11 Y - S</u>	1- Z(P						╝
TITLE				DELETE	6.17	ITLE					Change	Addition	,]
NAME					6.2 N	AME	ŀ						
STREET ADDRESS					6.3 S	TREET	ADDRESS						
CITY-ST-ZIP					640	ITY-S	1 - ZIP						╛

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 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.

MANATURE VIII Att Languis

11.2.07 305-5 32-1265