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

APPROVED AND FILED

95 APR 27 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013507 (8)**

1. Corporation Name

SANON-JULES ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
4113 N MIAMI AVE MIAMI FL 33137 US	PO BOX 2184 MIAMI FL 33140 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1992

3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21 10300 SUNSET DR

Suite, Apt. #, etc.
22 SUITE # 207

City & State
23 MIAMI ,FLORIDA

Zip 24 33173 Country 25

2a. Mailing Address
26 P.O.BOX 2184

Suite, Apt. #, etc.
27

City & State
28 MIAMI BEACH,FLORIDA

Zip 29 33140 Country 30

4. FEI Number: 65-0374242 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANON-JULES, THOMAS
255 COLLINS AVE #8
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: THOMAS SANON-JULES

82 Street Address (P.O. Box Number is Not Acceptable): 10300 SUNSET DRIVE

83: SUITE # 207

84 City: MIAMI FL 85 Zip Code: 33173

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: THOMAS SANON-JULES — 1/18/95

Signature, typed or printed 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	OP	11 TITLE		☐ Change ☐ Addition
NAME	SANON-JULES, THOMAS	12 NAME		
STREET ADDRESS	255 COLLINS AVE #6	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	SANON-JULES, GARY	22 NAME		
STREET ADDRESS	255 COLLINS #9	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	SANON-JULES, THOMAS	32 NAME		
STREET ADDRESS	255 COLLINS AVE #6	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SANON-JULES, MARIE J	42 NAME		
STREET ADDRESS	15521 S.W. 109 AVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	SANON-JULES,CELANIE	
STREET ADDRESS		53 STREET ADDRESS	21269 S.W. 85th AVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI,FLORIDA 33189	
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 the 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 addition.

SIGNATURE: THOMAS SANON-JULES 1/18/95 (305)595-33

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

55

0423937 FP