SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 NOV -6 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013507 (8)

1. Corporation Name
SANON-JULES ENTERPRISES, INCORPORATED

REINSTATEMENT 97

Principal Place of Business	Mailing Address
10300 SUNSET DR SUITE 207 MIAMI FL 33173 US	P. O. BOX 2184 MIAMI BEACH FL 33140 US

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/27/1995

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: 65-0374242 ☐ 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. This 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
10300 SUNSET DRIVE
SUITE 207
MIAMI FL 33173

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 265
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 OWNER& PRESIDENT 10/27/97
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	☐ DELETE	1.1 TITLE	OP ☐ Change ☐ Addition
NAME	SANON-JULES, THOMAS		1.2 NAME	
STREET ADDRESS	255 COLLINS AVE #6		1.3 STREET ADDRESS	14201 SW 88 St # D104
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANON-JULES, GARY		2.2 NAME	
STREET ADDRESS	255 COLLINS #9		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	ST ☐ Change ☐ Addition
NAME	SANON-JULES, THOMAS		3.2 NAME	SANON-JULES, THOMAS
STREET ADDRESS	255 COLLINS AVE #6		3.3 STREET ADDRESS	14201 SW 88 st #D104
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Miami, Fl 33186
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANON-JULES, MARIE J		4.2 NAME	000002842[illegible]0046
STREET ADDRESS	15521 S.W. 109 AVE		4.3 STREET ADDRESS	-11/10/97--01072--005
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	******750.00 ******750.00
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANON-JULES, CELANIE		5.2 NAME	000002842[illegible]0046
STREET ADDRESS	21269 S.W. 85TH AVE		5.3 STREET ADDRESS	-11/10/97--01072--006
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE		☐ DELETE	6.1 TITLE	D ☐ Change XX Addition
NAME	NANCY DOUGE		6.2 NAME	NANCY DOUGE
STREET ADDRESS	15540 SW 80 ST		6.3 STREET ADDRESS	15540 SW 80ST #201
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL 33193

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: OWNER & PRESIDENT 10/27/97 (305) 595-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #