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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300005819 (6)

J.P.R. ENTERPRISES, INC.

Mailing Address Principal Place of Business 5100 N W 66TH AVE 5100 N W 66TH AVE LAUDERHILL FL 33319-7229 LAUDERHILL FL 33319 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1993 04/11/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0379348 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Bo Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo ROY, PAUL 5100 NW 66TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 84 11. Pursuant to the provisions of Soctions 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 Signature, lyried or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.1 TITLE TITLE ROY, PAUL 1.2 NAME NAME 281 N.W. 40TH ST. APT. 5 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 City-ST-ZIP 1.4 C(1Y-S1-Z)P Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE Change Addition 3.1 10 LE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP ☐ Change Addition DETELLE TITLE 4 1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFIE Change Addition 5 1 TILLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 City - St - ZiP DELETE Change Addition 61 THILE TITLE

CITY-ST-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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or on an attachment with an address

64 DITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

FILED

May 09 1997 8:00am

Secretary of State