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Jul 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000022206 (5)

1. Corporation Name
O.K. JAKE, INC.

Principal Place of Business	Mailing Address
701 14TH ST. SUITE 3 MIAMI BEACH FL 33139	701 14TH ST. SUITE 3 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1993**	3a. Date of Last Report **05/16/1996**

2. Principal Place of Business
21 420 15 ST
22 #3 Suite, Apt. #, etc.
23 Miami Beach FL City & State
24 FL 33139 Zip   25 USA Country

2a. Mailing Address
26 420 15 ST
27 #3 Suite, Apt. #, etc.
28 Miami Beach FL City & State
29 33139 Zip   30 USA Country

4. FEI Number **65-0404914** — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORN, GARY A
11077 BISCAYNE BLVD.
PENTHOUSE
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Korn Gary A
82 Street Address (P.O. Box Number is Not Acceptable) 20803 Biscayne Blvd
83 # 200
84 City Aventura   FL   85 Zip Code 33180

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 _____
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 **DPST**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **BENNETT, JOAN**		1.2 NAME	
STREET ADDRESS **5650 PINE TREE DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI BEACH FL**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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 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.