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 MAY -1 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033128 (8)

1. Corporation Name
JOSNERVEL'S CARIBBEAN CUISINE, INC.

Principal Place of Business	Mailing Address
2901 WEST OAKLAND PARK BLVD. STE. A-22 OAKLAND PARK FL 33311	2901 WEST OAKLAND PARK BLVD. STE. A-22 OAKLAND PARK FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

4. FEI Number: 65-0419217 ☐ 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	10. Name and Address of New Registered Agent
YOUNG, MARCINE 6720 FERN STREET MARGATE FL 33063	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, UNA	1.2 NAME	
STREET ADDRESS	3520 NW 50TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, JOSBERT	2.2 NAME	
STREET ADDRESS	510 E. 56TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11203	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GALLMORE, VELMA	3.2 NAME	
STREET ADDRESS	11850 SHERIDAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMES-JONES, NERBERLYN	4.2 NAME	
STREET ADDRESS	2040 NW 37TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(1)(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.

SIGNATURE: Una James UNA JAMES 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0210063 CP