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

DOCUMENT # **P93000075549 (4)**

1. Corporation Name

MCDOWELL JACKSON INC.

Principal Place of Business	Mailing Address
1110 NE 163 STREET SUITE 210 NORTH MIAMI BEACH FL 33162 US	1671 NW 195TH ST. MIAMI FL 33169

3. Date Incorporated or Qualified: **11/02/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0447293** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3904 N.W. 167 St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FLA.	28 City & State
24 Zip: 33054 25 Country: DADE	29 Zip 30 Country

9. Name and Address of Current Registered Agent

BLINDERMAN, RICHARD I
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 (Signature, Type or Print Name of Registered Agent and Title, if Applicable) (Signature of New Registered Agent, if Appointed, Acknowledging) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCDOWELL, BUTLER		1.2 NAME	JACKSON, Julius V. SR.	
STREET ADDRESS	1832 NW 193RD STREET		1.3 STREET ADDRESS	1671 N.W. 195st.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FLA. 33169	
TITLE	TD	☒ DELETE	2.1 TITLE	TVD	☐ Change ☒ Addition
NAME	MCDOWELL, MARILYN		2.2 NAME	JACKSON, Julius V. JR.	
STREET ADDRESS	1832 N2 193RD ST.		2.3 STREET ADDRESS	1832 N.W. 193 st.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FLA. 33056	
TITLE	VDSD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JACKSON, JULIUS		3.2 NAME	JACKSON, Julius V. SR.	
STREET ADDRESS	1671 NW 195 STREET		3.3 STREET ADDRESS	1671 N.W. 195 St,	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FLA. 33169	
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 (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: Julius V. Jackson SR. Julius V. Jackson SR. 13 June 96 305 621-4167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #