FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
Amended 1995

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

1995 ANNUAL CORPORATE REPORT AMENDMENT

APPROVED

FILED

20 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001545216
-07/25/95--01058--002
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000077546

1. Corporation Name: PEPR, Corp.

Principal Place of Business	Mailing Address
3049 NW 82 AVENUE MIAMI, FLORIDA 33122	3049 NW 82 AVENUE MIAMI, FLORIDA 33122

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 01/17/1995
4. FEI Number: 65-0454050 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~HIDALGO, JUAN J.~~
~~11225 SW 32 STREET~~
~~MIAMI, FLORIDA 33165~~

10. Name and Address of New Registered Agent

81 Name: MARTIN-HIDALGO, MARGARITA
82 Street Address (P.O. Box Number is Not Acceptable): 101 CRANDON BOULEVARD #478
83 KEY BISCAYNE, FLORIDA
84 City: FL 85 Zip Code: 33149

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: Margarita Martin Hidalgo 7-10-95
(Signature of registered agent; required when changing registered agent) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PSTD~~	TITLE	PSTD ☒ Change ☐ Addition
NAME	~~HIDALGO, JUAN J.~~	NAME	MARTIN-HIDALGO, MARGARITA
STREET ADDRESS	~~11225 SW 32 STREET~~	STREET ADDRESS	101 CRANDON BOULEVARD, #478
CITY-ST-ZIP	~~MIAMI, FLORIDA 33165~~	CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	TJS 7/20/95	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(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: Margarita Martin Hidalgo 7-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **P93000077650 (8)**

JAMMIN' SOUNDS INC.

95 AUG -8 PM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Address	Mailing Address
1500 MONUMENT RD SUITE 1201 JACKSONVILLE FL 32225	JAMMIN SOUNDS INC P.O.BOX 20332 JAX FL 32225

3. Date of Last Report: **09/14/1994**

2. Principal Place of Business
21 11725 Saints Rd
22
23 Jacksonville FL
24 32246 25 USA

26 27 28 29 30

4. FEI Number: **59-3212523** — Applied For / Not Applicable

5. Certificate of Status Desired: X — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees

8. This corporation has elected to be governed under Chapter 607, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ILLING, STEVE E
1743 EAST HAWAII DRIVE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: Steven E. Illing
82 Street Address (P.O. Box Number is Not Acceptable): 11725 saints Rd
83
84 City: Jacksonville **FL** 85 Zip Code: 32246

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: Steven Illing — 7-5-95
(Signature of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS

P
STEVE ILLING
1500 MONUMENT RD 1201
JAX FL 32225

TS
THERESA YOUNG
611 PONTE VEDRA LAKES BLVD 2302
PONT VEDRA BCH FL 32082

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
11725 Saints Rd
Jacksonville FL 32246

☒ Change ☐ Addition
11725 saints Rd
Jacksonville FL 32246

☐ Change ☐ Addition
000001548080
-07/27/95--01078--020
****233.75 ****233.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (3/95)

14. To the best of my knowledge, all the information required to be included in this report is true, correct and complete. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or qualifying for a benefit under the Florida Statutes is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I understand that the information contained in this report is required by Chapter 607, Florida Statutes, and that I am required to inform the Department of any changes in this information within 90 days after the change occurs.

SIGNATURE: Steven Illing — 7-5-95 — 904-645-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Telephone Number)

CH

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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # **P93000077753 (0)**

1. Corporate Name

ELECTRON CORP. OF SOUTH FLORIDA

95 MAY 24 AM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18830 S.E. JUPITER RD. JUPITER FL 33458	18830 S.E. JUPITER RD. JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1993**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0447449** ☐ Applied For ☐ Not Applicable
Suite, Apt. # or other — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City — 24 / County — 25 / City — 29 / County — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAESSIG, ALBERT
18830 S.E. JUPITER RD.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: KATHY MALCOLM
82 Street Address (P.O. Box Number is Not Acceptable): 18830 S.E. JUPITER RD
83
84 City: JUPITER — 85 State: FL — Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0501 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] 6/1/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	D	☐ Change ☐ Addition
Name	LAESSIG, ALBERT SR	900001545069
Street Address	BOX 445 N/A	-07/25/95--01053--015
City-St-Zip	LOXAHATCHEE FL 33470	****225.00 ****225.00
Title	CPST	☐ Change ☐ Addition
Name	LAESSIG, ALBERT	
Street Address	18830 S.E. JUPITER RD.	
City-St-Zip	JUPITER FL 33458	
Title	S	☐ Change ☑ Addition
Name	MALCOLM KATHY	S MALCOLM KATHY
Street Address	18830 SE Jupiter Rd	18830 S.E. Jupiter Rd
City-St-Zip	Jupiter FL 33458	Jupiter FL 33458
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

CH

14. I hereby certify that the information supplied with this report is true, complete and accurate, and that I am executing this report in accordance with Chapter 607, Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are authorized or required to be paid with this report. I am aware that any false information submitted in a document to the Department of State constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I am also aware that I am required to notify the Department of State of any change in the registered office address or registered agent, or both, of this corporation, and that failure to do so will result in the dissolution of this corporation.

SIGNATURE: [signature] ALBERT LAESSIG 5/8/95 407-744-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0260288 CP