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 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026860 (4)

1. Corporation Name
JAMAICA PLACE, INC.

900001478793
-05/08/95--01044--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15965 S.W. 153RD CT. MIAMI FL 33187	15965 S.W. 153RD CT. MIAMI FL 33187

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 17047 S. Dixie Hway
22: Suite, Apt. #, etc.
23: Miami, Fla.
24: Zip 33157
25: Country USA

2a. Mailing Address
26: 17047 S. Dixie Hway.
27: Suite, Apt. #, etc.
28: Miami, Fla.
29: Zip 33157
30: Country USA

4. FEI Number: 94-3201925 ☐ 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

MCKENZIE, DORNETT
15965 S.W. 153RD CT.
MIAMI FL 33187

10. Name and Address of New Registered Agent

91 Name: MULLINGS, DORNETT.
92 Street Address (P.O. Box Number is Not Acceptable): 15965 SW 153rd Ct.
93:
94 City: Miami FL 95 Zip Code: 33187

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
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MULLINGS, LEARY	12 NAME	
STREET ADDRESS	15965 S.W. 153RD CT.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33187	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCKENZIE, DORNETT	22 NAME	
STREET ADDRESS	15965 S.W. 153RD CT.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33187	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

$175

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)(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: _____ 3/24/95.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0206079 CP