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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P 94000054609 (0)

1. Corporation Name

LJBL, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 2500 Hollywood Blvd.	26 2500 Hollywood Blvd.
Suite, Apt #, etc. 22 Suite 212	Suite, Apt #, etc. 27 Suite 212
City & State 23 Hollywood, Fl.	City & State 28 Hollywood, Fl.
Zip 24 33020 / Country 25 Broward	Zip 29 33020 / Country 30 Broward

4. FEI Number: 65-0510712 ☐ 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

81 Name: Ross H. Manella ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 2500 Hollywood Blvd.
83 Suite #212
84 City: Hollywood, FL 85 Zip Code 33020

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 ROSS H. MANELLA 4/24/1997
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	DETULLIO, LEONARD	1 2 NAME	
STREET ADDRESS	16445 COLLINS AVE. APT. OS 29-21	1 3 STREET ADDRESS	16465 N. E. 32nd Ave.
CITY-ST-ZIP	~~MIAMI BEACH, FL. 33160~~	1 4 CITY-ST-ZIP	N. Miami Beach, Fl. 33160
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	200002167492
TITLE	☐ DELETE	6 1 TITLE	-05/06/97--01066--039 ☐ Change ☐ Addition
NAME		6 2 NAME	***165.00
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

5/1/97

CR2E034 (9/96)

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #