FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

1996

P94000066882 (9)

JEREMY DA	ANIEL	ENTERPRISES.	INCORPORATED
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OLI ILI	M DAMEE CHICK	rnises, inconrona	EU		I MARIJARI DIA HAMI ANDI ARDIJ ARDIJ ARDIJ	
Principal Place	of Business	Mailing Addre	253			#### 061/# #### 01/01 /610/ 16/10 /16/
9455 SW 109TH TER MIAMI FL 33176		9455 SW 1 MIAMI FL 3	109TH TER			
					3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 04/04/1995
2. Principal Pla	ace of Business	2a. Mailing Ac	Idress		4. FEI Number	Applied For
21		26			65-0521362	Not Applicable
Suite, Apt. :		Suite, Apt	. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & Sta	te ,		6. Election Campaign Financing	55.00 May Be
23 Zip		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in	
27		29 s of Current Registered Ager	[30]		Florida Statutes Y Yes 10. Name and Address of New Re	
				81 Name	10. Name and Address of New Re	gistered Agent
HOPKIN	IS, CARLTON					
9455 SV	W 109TH TER				ress (P.O. Box Number is Not Acceptable)
MIAMI F	L 33176			83		
				84 City		FL 85 Zip Code
 Pursuant to or registere 	o the provisions of Section agent, o both, in the S	ns 607,0502 and 607,1508, Flor tate of Madda, Such change wa	rida Statutes, the abo	ve-named corpor	ration submits this statement for the purport of directors. Thereby accept the approximation	
familiar with	i, and accept the obligation	Florid	la Statutes.	1	ration submits this statement for the purpor of of directors. Thereby accept the appoin	Innerit as registered agent. Fam
SIGNATUR	Signature, typed or printed name of		IRES .	ARLION	L-HOPKINS	4/22/96
12.		registered agent and title it auditcable	(NOTE: Registered	Agent signature require:		DATE
TITLE	P		PELETE 1.17	n F	ADD TIONS/CHANGES TO OFFIC	
NAME	HOPKINS, CARLTO		1.2 NA	1		☐ Change ☐ Addition
STREET ADDRESS	9455 SW 109TH TI			REET ADDRESS		
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP		
TITLE	VP	DI 🗀	ELETE 2 1 TF			Change Addition
NAME	HOPKINS, BELLE /		22 NA	ME		
STREET ADDRESS	9455 SW 109 TERI	R	2.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CH	Y-ST-21P		
TITLE		DI	ELETE 3. 1 TIT	LE		☐ Change ☐ Addition
NAME			3.2 NA	NE		
STREET ADDRESS			3 3. ST	REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		□ DE	.			Change Addition
NAME CTREET ASSURES			4.2 NA			
STREET ADDRESS				EET ADDRESS		į
TITLE		□ DE		Y-ST-ZIP		Character 53 445
NAME			5. 1 T(T 5.2 NA)			☐ Change ☐ Addition
STREET ADDRESS				_	•	
CITY-ST-ZIF				EET ADDRESS		
TITLE		DE		(-ST-ZIP		Change Addition
NAME		4 ,	6.2 NAM			Circulate Circulati
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
14. I do hereby	certify that the information	supplied with this fling is volur	starily furnished and d	one not qualify to	or the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further
					e and that my signature shall have the sa- report as required by Chapter 607, Floric	

NE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #