Amended Annual Report

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000067676

1. Corporation Name

Sherrie Johnson, Inc.

Principal Place of Business	Mailing Address
415 N.W. 49th Ave. Plantation, FL. 33317	415 N.W. 49th Ave. Plantation, FL. 33317

3. Date Incorporated or Qualified: Sept 14, 1994
3a. Date of Last Report: 4-14-97

2. Principal Place of Business
21: 415 N.W. 49th Ave
Suite, Apt. #, etc.
22: Plantation, FL.
City & State
23:
Zip 24: 33317 Country 25: U.S.A

2a. Mailing Address
26: 415 N.W. 49th Ave
Suite, Apt. #, etc.
27:
City & State
28: Plantation, FL.
Zip 29: 33317 Country 30: U.S.A.

4. FEI Number: 650523713 ☐ 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

Sherrie Johnson
415 N.W. 49th Avenue
Plantation, FL. 33317

10. Name and Address of New Registered Agent

81 Name: Edel Ojeda
82 Street Address (P.O. Box Number is Not Acceptable): 415 N.W. 49th Ave.
83:
84 City: Plantation FL 85 Zip Code: 33317

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: Edel Ojeda, President — 12-1-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☒ DELETE	11 TITLE: President/Secretary/Director	☒ Change ☐ Addition
NAME	Sherrie Johnson		12 NAME: Edel Ojeda	
STREET ADDRESS	415 N.W. 49th Avenue		13 STREET ADDRESS: 415 N.W. 49th Avenue	
CITY-ST-ZIP	Plantation, FL. 33317		14 CITY-ST-ZIP: Plantation, FL. 33317	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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: Edel Ojeda, Edel Ojeda — 12-1-97 — (954) 792-5096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #