FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

305) 871-1016

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074649 (2)

JULIAN ENTERPRISES INC.

SIGNATURE:

Delegio - LDI	a of the alan and	A Bellione, And disease						
Principal Place		Mailing Address				1851- 61515 51(1) 415		
8595 NW 36TH ST.		6595 NW 36TH ST.						
STE. 222 Miami Fl 33168		STE. 222						
MINMI TL 33100		MIAMI FL 33166-6966		3. Date Incorporated or Qualified	3a. Date of Last			
					10/11/1994	10/25/1996		
	lace of Business	2a. Mailing Address			4. FEI Number	L A	Applied For	
		26				lot Applicable		
Suite, Apt. #, efc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired				
City & State		City & State		6. Election Campaign Financing	\$5.00) May Bo		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z _i p	Country	Zip	Country		B. This corporation has liability for in			
24	25	29	30			Yes No	o. 1001001.,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Jistered Agent		
GON	NZALEZ, DOMINGO		81	Name				
	5 NW 36TH STREET		0.0	Channel	ddees /D O Downland	1-3		
	. 222		82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)		
	MI FL 33166		83					
			84	City		FL 85 Zip	Code	
11. Pursuant l	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the above	-named o	corporation submits this statement for the pe	urnose of changing	its registered	
l office or ri	egistered agent, or both, in the State of m familiar with land accept the obligation	o' Florida. Such change was au	ithorized by	the corn	oration's board of directors. I hereby accep	t the appointment as	s registered	
SIGNATURE	Signature: type diciliprofed radio of regista cull alter	and the if applicable (NOTE	Registered Age	nt signature r	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12	
T-TLE	PS	DELETE	1.1 TITLE			Change	☐ Addition	
NAME	GONZALEZ, DOMINGO		1.2 NAME					
STREET ADDRESS	6595 NW 36TH ST., STE. 222		1.3 STREET	ADDRESS				
CHTY-ST-7/F	MIAMI FL 33166		1.4 CITY~S	-7IP				
TITLE		DELETE	21 TITLE	-	**************************************	Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREET	ADDRESS				
CITY-ST-ZIF			1					
Title		DELETE	2. 4 CITY - S 3.1 TrTLE	1 - 245	10.000	Change	Addition	
NAME		hand the first	3.2 NAME			ப் பளிக	L. AQUILION	
				IDDOCESS				
STREET ADORESS			3.3 STREET				ĺ	
City-ST-ZIP		DELEVE	3.4. CITY - S	T-ZIP			["] e.c.	
TITLE		€ DELETE	4.1 TITLE			L Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADORESS				
CHY-ST-ZIP			4.4 CITY - ST	- ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ACCORESS			5.3 STREET	ADDRESS	45			
CITY+ST ZIP			5.4 CITY - S*	- 21F				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME	ŀ				
STREET ADDRESS			6.3 STREET	ADOBESS				
City, 91, 709			E A OITY OF	710				

14. I do hereby certify that the information supplied with this hing 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 proctor 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 ori an attachment with an address.