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95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name JIMMY & LU CORP	DOCUMENT # 99400084701
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Mailing Address 2176 SW 25th St MIAMI - FL - 33133	Principal Place of Business 2176 SW 25th St MIAMI - FL - 33133
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		3a. Date of Last Report	
2. Mailing Address 21 Suite, Apt. #, etc.		2a. Principal Place of Business 2b Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
4. FEI Number 65-0534946		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Requested ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$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 DAMARGO, CLEIDE MARIA 2176 SW 25th St MIAMI - FL - 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE **X Damargo Cleide Maria Damargo President** DATE **04/28/95**

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE DP	12 NAME DAMARGO, CLEIDE MARIA	11 TITLE 600001521596	12 NAME -06/23/95--01018--023
13 STREET ADDRESS 2176 SW 25th St	14 CITY-ST-ZIP MIAMI - FL 33133	13 STREET ADDRESS ****200.00 ****200.00	14 CITY-ST-ZIP
21 TITLE	22 NAME	21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY-ST-ZIP	23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME	31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY-ST-ZIP	33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME	41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY-ST-ZIP	43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY-ST-ZIP	53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY-ST-ZIP	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct; for the exemption stated in Section 119.07(3)(b), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information is included 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 have submitted this report as required by Chapter 117, Florida Statutes, and that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 if changed, or in an attached list.

SIGNATURE: **X Damargo** **04/28/95 (303) 854 7122**