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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT #
1. Corporation Name
TRI-LOGIX, INC. D/B/A THE JOBMARKET
P95000036147

Principal Place of Business / Mailing Address
1570 MADRUGA AVENUE, SUITE 305
CORAL GABLES, FLORIDA 33146

3. Date Incorporated or Qualified: 05/04/95
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
2. / 2a.	21 1570 MADRUGA AVENUE	26 1570 MADRUGA AVENUE
Suite, Apt. #, etc.	22 305	27 305
City & State	23 CORAL GABLES, FL.	28 CORAL GABLES, FL.
Zip / Country	24 33146 / 25 USA	29 33146 / 30 USA

4. FEI Number: 65-0582198 ☐ 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
MARIJKE KLEIN
6900 S.W.44 STREET, APT. 205
MIAMI, FL. 33155

10. Name and Address of New Registered Agent
81 Name: DAVID HATTON
82 Street Address (P.O. Box Number is Not Acceptable): 2250 S.W. 3RD AVENUE
83: 5TH FLOOR
84 City: MIAMI FL 85 Zip Code: 33129

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: Dav L Hatton 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT, DIRECTOR MARC E. HATTON 3138 VIRGINIA STREET COCONUT GROVE, FLORIDA 33133 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	C.E.O., DIRECTOR, SECRETARY ARLEN SHENKMAN 10045 S.W. 77TH COURT MIAMI, FLORIDA 33156 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT/T/D DAVID L. HATTON 3138 VIRGINIA STREET COCONUT GROVE, FLORIDA 33133 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002176573 -05/13/97--01051--034 ***165.00 ☐ Change ☐ Addition

5/6/97

CR2E034 (9/96)

14. I 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: Dav L. Hatton DAVID L. HATTON 4/29/97 (305)858-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #