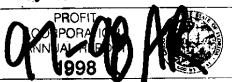
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## : FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthath

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079429

JUMBO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2920 NW 5Th Ave



98 JUN 30 AM 10: 52

SECHETARY OF STATE TALLAHASSEE, FLORIDA

Miami. Fl. 33127			DO NOT WRITE IN THIS SE	PACE
			3. Date Incorporated or Qualified 09/24/96	
2, Principal Place of Business 2a. Mailing /	Address		4. FEI Number	Applied For
21 2920 NW 5Th Ave. 26			65-0698175	Not Applicable
	ot #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			5. Certificate of Status Desired	Fee Required
City & State City & St	ate		Election Campaign Financing	\$5.00 May Be
23 Miami, Florida 28			Trust Fund Contribution	Added to Fees
Zip Country Zip	Cour	ntry	8. This corporation owes or has paid the curre	
24 33127 25 U.S. 29	30		Personal Property Tax due June 30. L.  10. Name and Address of New Registered A	Yes No
9. Name and Address of Current Registered Age		81 Name	TO. Name and Address of New Registered A	gent
Donahay, Hyon S.				
2920 NW 5Th Ave.		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
Miami. Florida. 33127	-	83		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, to office or registered agent, or both, in the State of Florida, Such agent I am familiar with and accept the obligations of Section	Florida Statutes, the ab change, was authorized	ove-named corpo by the corporatio	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	changing its registered intment as registered
agent I am familiar with and accept the obligations by Section	607.0905, Florida Statu	utes	1	
SIGNATURE SIGNATURE		Agent signature required	t when reinstating) DATE	27/98
Signature: typed or priviled name of registered agent and sit of applicable  12. OFFICERS AND DIRECTORS	(Ng/1E: Registered	Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
1 · · · · · · · · · · · · · · · · · · ·	DELETE 1.1 TO	LE I		Change Addition
NAME Donahay, Hyon S.	1.2 NA	ME		
STREET ADDRESS 644 Cascade Falls Driv	1.3 \$10	RELT ADDRESS	500005283	
onvisive Ft. Lauderdale, Fl. 33	2.27 1401	IY-ST-7IP	07/08/980	
OTY-ST-78P Ft. Lauderdale. Fl. 33	DELETE 2.1 TIT		****150.00	Change 1 La Abdition
NAME	2.2 NA	ME	12-11-12 Care Care Care Care Care Care Care Care	
STREET ADDRESS	2351	RELT ADDRESS	200002583	Q629
CITY-S1-2IP	2 4 CI	TY-ST-ZIP	-07/08/980	
	DELETE 31 TIT	ïL€	****155.00 [	MONAROF I ES ABADON
NAME	3 2 NA	ML		
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NAME	4. 2 NA	AME .		
STREET ADDRESS	4.3 ST	REET ADDRESS		
City+\$t+7iP	4.4 CIT	ry-ST-ZIP		
"ITLE	DELETE 5.1 TIT	LE	· · · · · · · · · · · · · · · · · · ·	Change 🔲 Addition
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STREET ADUPESS	5351	REET ADDRESS		
24fy+S1-78	5 4 CIT	IY-SI-ZIP		
1956	DELETE 61 TIT	LE .	ν	☐ Change ☐ Addition
NAME	62 NA	,ME	$\mathcal{Y}_{\lambda}$	JOH
STREET ADDRESS	6 3 ST	REET ADDRESS	10	
5 to (\$1/2 P	6.4 Ci 1	TY-ST-ZIP		

14. Increby 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 frue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an order 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 Biock 13 if changed, or on an attachment with an address.

05/27/98 (305)438-9956