

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 OCT 30 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081215 (1)

1. Corporation Name

JULNICO PROPERTE', INC.

Principal Place of Business

8034 WILES ROAD
SUITE 169
CORAL SPRINGS FL 33067

Mailing Address

8034 WILES ROAD
SUITE 169
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0725321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

JOHN C. STRICKROOT, JR. ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

ONE BISCAYNE TOWER

83

SUITE 3599

84 City

MIAMI

FL

85 Zip Code

33131

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

JOHN C. STRICKROOT, JR. ESQ.

9-12-97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NELSON, JOSEPH J
STREET ADDRESS 5565 LEITNER DRIVE EAST
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VD ☐ DELETE

NAME EL MASRY, NAZIE
STREET ADDRESS PA VERKUYLLAAN ACHTER, 511 FERSAM LAAN
CITY-ST-ZIP 1171 EB BADHOEVEDORP NETHE-RLND

TITLE SD ☐ DELETE

NAME EL MASRY, PATRICIA
STREET ADDRESS PA VERKUYLLAAN ACHTER, 511 FERSAM LAAN
CITY-ST-ZIP 1171 EB BADHOEVEDORP NETHE-RLND

TITLE TD ☐ DELETE

NAME NELSON, ANAMARIA B
STREET ADDRESS 5565 LEINTER DRIVE EAST
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002338090 ☐ Change ☐ Addition

-11/04/97--01083--023

***550.00 ***550.00

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Change

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Addition

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Addition

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

SIGNATURE

9-12-97 09/21/97

CR2E034 (4/97)