

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P 96000093933

JULIEN'S PLACE, INC.

Principal Place of Business Mailing Address
800 North Miami Avenue 800 North Miami Avenue
Suite E-404 Suite E-404
Miami, FL 33136 Miami, FL 33136

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified:	3a. Date of Last Report:
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	11/18/97	N/A
22. City & State:	27. City & State:	4. FEI Number:	Applied For:
23. Zip:	28. Zip:	65-0710463	Not Applicable
24. Country:	29. Country:	5. Certificate of Status Desired:	\$8.75 Additional Fee Required
	30. Country:	☐ Yes ☒ No	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

Julien J. Clement
800 North Miami Avenue, Suite E-404
Miami, FL 33136

10. Name and Address of New Registered Agent

81. Name:	85. Zip Code:
82. Street Address (P.O. Box Number's Not Acceptable):	
83. City:	FL

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 _____ (NOTE: Registered Agent's signature required when remaining) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11. TITLE	☐ Change ☐ Addition
NAME	Julien J. Clement	12. NAME	
STREET ADDRESS	800 N. Miami Ave, Suite E-404	13. STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33136	14. CITY-STATE-ZIP	
TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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: Julien J. Clement 4-29-97 (305) 775-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #