

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000052810 (3)
1. Corporation Name
JUSTLIKEME, INC.

Principal Place of Business Mailing Address
1080 NORTHWEST 56TH STREET 1080 NORTHWEST 56TH STREET
MIAMI FL 33127 MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 610726		06/16/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 NMiami FL		65 0700566	
24 Country		29 33261		Applied For	
		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	Carol Houston
82 Street Address (P.O. Box Number is Not Acceptable)	1060 NW 56th St
83	
84 City	Miami
85 Zip Code	FL 33127

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  Carol A. Houston DATE 4/22/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOUSTON, CAROL A	1.2 NAME	Sharon D. Williams / Secretary
STREET ADDRESS	1080 NORTHWEST 56TH STREET	1.3 STREET ADDRESS	7901 L Valley Manor Rd
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	Baltimore M.D 21117
TITLE	STD	2.1 TITLE	Treasurer
NAME	HOUSTON, LARONN	2.2 NAME	Laronn Houston
STREET ADDRESS	1080 NORTHWEST 56TH STREET	2.3 STREET ADDRESS	2376 Sandpiper St.
CITY-ST-ZIP	MIAMI FL 33127	2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE		3.1 TITLE	Sherwood Dubose / VP
NAME		3.2 NAME	P.O. Box 610726 N/A
STREET ADDRESS		3.3 STREET ADDRESS	N Miami FL 33261
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Director/President
NAME		4.2 NAME	Carol Houston
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 610726 N/A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N Miami FL 33261
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  Carol A. Houston DATE 4/22/98 954 9171346

CR2E034 (10/97)