

FILED

Jun 02 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name **JALEO General Services, Inc.**
P97000070883

Principal Place of Business
3801 South Ocean Drive #12E
Hollywood, FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4001 S Ocean Dr Suite, Apt #, etc 22 8F City & State 23 Hollywood, FL Zip 24 33019	25. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 USA
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3. Date incorporated or Qualified 08/11/97	4. FEI Number 45-0775628
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year (multiple) Personal Property Tax due June 30 ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent JUAN J Rodriguez 3801 South Ocean Drive #12E Hollywood, FL 33019	10. Name and Address of New Registered Agent 81 Name JUAN J Rodriguez 82 Street Address (PO Box Number is Not Acceptable) 4001 S Ocean Dr #8F 83 84 City Hollywood FL 85 Zip Code 33019
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this document for the purpose of changing its registered office or registered agent, as 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 and am familiar with the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 NAME STREET ADDRESS CITY-ST-ZIP 13 NAME STREET ADDRESS CITY-ST-ZIP 14 NAME STREET ADDRESS CITY-ST-ZIP 15 NAME STREET ADDRESS CITY-ST-ZIP 16 NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 NAME STREET ADDRESS CITY-ST-ZIP 13 NAME STREET ADDRESS CITY-ST-ZIP 14 NAME STREET ADDRESS CITY-ST-ZIP 15 NAME STREET ADDRESS CITY-ST-ZIP 16 NAME STREET ADDRESS CITY-ST-ZIP	☒ CHANGE ☐ ADD
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14. I hereby certify that the information contained herein was true and correct when filed and that the information contained herein was true and correct when filed and that the information contained herein was true and correct when filed.

SIGNATURE: *[Signature]* President DATE: **4/30/98**