DOCUMENT # P99000107971  1. Entity Name JYJ CORP					FILED Aug 08, 2000 8:00 am Secretary of State  08-08-2000 90011 043 ***550.00			
Principal Place of Business Mailing Address					08-08-200	10 30011 043	330.	00
22182 S.W. 62 BOCA RATON		22182 S.W. 62ND COURT BOCA RATON FL 33428						
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2. Principal Place of Business 478 Wayman Civ 478 Wayman			in Civ			OTHI COICH HAN COIN I		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT W	RITE IN THIS SPAC	Œ	
			ch, FL	4.	FEI Number 55-097 805		Not	olied For Applicable
3341	3 Country SA	33413	USA .	5.	Certificate of Status Desired		. <b>75</b> Addi Required	
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name					
DALL-GLUSITHA, JOSEPH A				Street Address (P.O. Box Number is Not Acceptable)				
400 SEA SPRAY AVENUE PALM BEACH FL 33480								
			City	City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Tax filing requirement and elects to do so.   After SEPTEMBER 13, 2000 Min. will be \$   Make Check Payable to Department of the second content of the second c					<b>10.</b> Election Campaign Trust Fund Contribu			May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO O			
TITLE NAME	Tresident. John O. Miner	☐ Delete	TITLE NAME		Miner		Change A	Addition
STREET ADDRESS CITY-ST-ZIP	478 Wayman Cir West Polm Beach ;	FL 33413.	STREET ADDRESS CITY-ST-ZIP	4786	Jagman cir We	it Palm Re	ach f	L35413
TITLE	MEST THEM BENEN!	☐ Delete	TITLE	, 10 -	<u>- U</u>		Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP				Changa	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE	···			Change	☐ Addition
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STREET ADDRESS : CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME				Change	☐ Addition
NAME STREET ADDRESS	4		STREET ADDRESS					
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP the exemption state	ed in Section	119.07(3)(i), Florida Statute	es. I further certify the	hat the in	formation
indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED OR TYPED NAME OF SIGNATURE AND TYPED OR TYPED NAME OF SIGNATURE AND TYPED N								
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