FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3-4-95 B-1814-C

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S00070 (0)

1. Corporation Name
JUBO, CORP.

Principal Place of Business	Mailing Address
3211 NO. UNIVERSITY DR DAVIE FL 33024	3211 NO. UNIVERSITY DR DAVIE FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 10/10/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0215896 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PETRON, ROBERT
3211 NO.UNIVERSITY DR
DAVIE FL 33024

10. Name and Address of New Registered Agent

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

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: (Typed or printed name of registered agent as filed with this statement) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PETRON, ROBERT	12 NAME	
STREET ADDRESS	9970 NW SECOND CT	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PETRON, JUDY	22 NAME	
STREET ADDRESS	8560 NW 54TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33351	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	ROBERT PETRON	32 NAME	
STREET ADDRESS	9970 NW 2CT	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I further certify that the information supplied with this report is voluntarily furnished and 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: Robert Petron - Pres 2/27/95 305 425 9600
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Telephone Number)

000108 CP