

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K19686

1. Corporation Name

C A J ENTERPRISES, INC.

Principal Place of Business

Mailing Address

196 SE 1ST AVE
MIAMI, FL. 33131

196 SE 1ST AVE
MIAMI, FL. 33131

3. Date Incorporated or Qualified
03/31/1988

3a. Date of Last Report:

2. Principal Place of Business

2a. Mailing Address

21 29 SE 2nd AVE

26 29 SE 2nd AVE

4. FEI Number
65-0046107

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

22 1st FLOOR

27 1st FLOOR

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACQUEMIN, CLAUDE ALAIN
196 SE 1ST AVE
MIAMI, FL. 33131

81 Name
JACQUEMIN, CLAUDE ALAIN
82 Street Address (P.O. Box Number is Not Acceptable)
29 SE 2nd Ave
83 1st FLOOR
84 City
MIAMI
85 Zip Code
FL 33131

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

C. Jacquemin

02/28/96

Signature typed or printed name of registered agent and title of applicant

Date of Report. Enter Applicable date required when filing

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
P	JACQUEMIN, CLAUDE ALAIN	196 SE 1st AVENUE	MIAMI, FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V D	JACQUEMIN, CLAUDE ALAIN	11047 SW 138 PLACE	MIAMI, FL. 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P D	JACQUEMIN, PATRICK JOSEPH	11047 SW 138 PLACE	MIAMI, FL. 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

C. Jacquemin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUEMIN, CLAUDE ALAIN 02/28/96 305/375-0277

CR2E034 (12/95)

CS 3/8/96