

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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 4:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # K78365 (9)**

1. Corporation Name  
**H. J. B., INC.**

Principal Place of Business <b>4127 NW 132ND STREET OPA LOCKA FL 33054</b>	Mailing Address <b>4127 NW 132ND STREET OPA LOCKA FL 33054</b>
---	---

2. Principal Name of Business 21 <b>2642 W. 79th Street</b> State Apt # etc	2a. Mailing Address 26 <b>2642 W. 79th Street</b> State Apt # etc
22 City, State 23 <b>Hialeah, FL</b>	27 City & State 28 <b>Hialeah, FL</b>
24 ZIP <b>33016</b>	29 ZIP <b>33016</b>
25 COUNTRY <b>U.S.A.</b>	30 COUNTRY <b>U.S.A.</b>

3. Date of Incorporation (or date of latest reorganization) <b>04/06/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FIC Number <b>65-0117788</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Has corporation previously been organized under the 1985 Florida Statutes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HANSEN, JERRY  
1043 W 67TH STREET  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (or Box Number, if Not Applicable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.05(4) and 607.15(8), Florida Statutes, the above national corporation submits the statement for the purpose of changing its registered office to registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am authorized to effect the adoption of Section 607.05(4), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME <b>PS HANSEN, JERRY</b>	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1043 W 67TH STREET</b>	12. TITLE	12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP <b>HIALEAH FL</b>	13. NAME	13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	14. TITLE	14. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	15. NAME	15. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	16. TITLE	16. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	17. NAME	17. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	18. TITLE	18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	19. NAME	19. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	20. TITLE	20. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.05(4) and 607.15(8), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect and results as if they had signed or filed the report of the corporation or the return or transaction reported to exist in this report as required by applicable Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attached report with my address.

**SIGNATURE:**  **Jerry Hansen** **4/28/95** **305-558-2633**  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR