

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

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # K78452 (5)
 1. Corporation Name
NJC INVESTMENTS, INC.



| | |
|---|---|
| Principal Place of Business 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146-0009 US | Mailing Address 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146-0009 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|----------------------------|
| 21 Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/07/1989 | |
| 4. FEI Number 65-0111540 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BLACK, JAN M.S.
 1500 SAN REMO AVENUE
 SUITE 245
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Robert A. Stamen |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1500 San Reno Avenue |
| 83 Suite Suite 125 |
| 84 City Coral Gables |
| 85 Zip Code FL 33146 |

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: *Robert A. Stamen* DATE: **3/3/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FRAGACHAN, NELLY CERVINID | |
| STREET ADDRESS | CENTRO BANAVEN, PISO 2, OF C-22 | |
| CITY-ST-ZIP | AV. LA ESTANCIA VE | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | CERVINI, JOSE M. FRAGAC | |
| STREET ADDRESS | CENTRO BANACEN, PISO 2 OF C-22 | |
| CITY-ST-ZIP | AV. LE ESTANCIA VE | |
| TITLE | TSD | <input type="checkbox"/> DELETE |
| NAME | CERVINI, CESAR E. FRAGA | |
| STREET ADDRESS | CENTRO BANACEN, PISO 2 OF C-22 | |
| CITY-ST-ZIP | AC. LA ESTANCIA VE | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|---|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE |
| 6.2 NAME |
| 6.3 STREET ADDRESS |
| 6.4 CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing 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 any attachment with an address.

SIGNATURE: *Jose M. Fragachan Cervini* **JOSE M. FRAGACHAN CERVINI** **MARCH 2, 1998**

CFR2E034 (10/97)