

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 AUG -2 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M00716** (4)

1. Corporation Name  
**L. & J. GENERAL INTERNATIONAL CORP.**

Mailing Address  
**1501 NW 23 ST  
MIAMI FL 33142  
US**

Principal Place of Business  
**1501 N.W. 23 STREET  
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/15/1984</b>	3a. Date of Last Report <b>06/03/1993</b>
4. FEI Number <b>59-2417850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address		2a. Principal Place of Business	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	Zip	Country
24	29	30	

9. Name and Address of Current Registered Agent

**HERNANDEZ, LUIS A.  
1501 N.W. 23 STREET  
MIAMI FL 33142**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state of appointment (607) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

11 TITLE	<b>P</b>
12 NAME	<b>HERNANDEZ, LUIS A.</b>
13 STREET ADDRESS	<b>1501 N.W. 23 STREET</b>
14 CITY - ST - ZIP	<b>MIAMI FL</b>
21 TITLE	<b>S</b>
22 NAME	<b>HERNANDEZ, HADY</b>
23 STREET ADDRESS	<b>1501 N.W. 23 STREET</b>
24 CITY - ST - ZIP	<b>MIAMI FL</b>
31 TITLE	<b>T</b>
32 NAME	<b>HERNANDEZ, JUSTO</b>
33 STREET ADDRESS	<b>1501 N.W. 23 STREET</b>
34 CITY - ST - ZIP	<b>MIAMI FL</b>
41 TITLE	<b>V/P</b>
42 NAME	<b>HERNANDEZ, JOSE O.</b>
43 STREET ADDRESS	<b>1501 N.W. 23 STREET</b>
44 CITY - ST - ZIP	<b>MIAMI FL</b>
51 TITLE	<b>V/P</b>
52 NAME	<b>HERNANDEZ, JOSE L.</b>
53 STREET ADDRESS	<b>1501 N.W. 23 STREET</b>
54 CITY - ST - ZIP	<b>MIAMI FL</b>
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	<b>Hernandez, Jose D.</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 199.032(1)(b), 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 in and out of state. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**LUIS HERNANDEZ**

7/26/94 (305) 638-5161