

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANIS H. MONTAG
COMMISSIONER

APPROVED
AND
FILED

MAY - 1 PM 2:27

DOCUMENT # P93000000424 (0)

T.J.S. SAREJEN CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation P. O. BOX 165053 MIAMI FL 33116		2. Mailing Address P. O. BOX 165053 MIAMI FL 33116	
3. Date first incorporated in this office 01/05/1993		3a. Date of last report 11/04/1994	
4. FEI Number 65-0375726		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for interstate tax under 26 U.S.C. Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent STRONKOWSKI, THEODORE J III 10744 SW 88TH ST., UNIT M-16 MIAMI FL 33176		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 607.01(2)(g) 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 607.01(2)(g), Florida Statutes.			
SIGNATURE _____ Name of Registered Agent or Registered Agent in Charge			
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994	
1. NAME P STRONKOWSKY, THEODORE J III 2. STREET ADDRESS 10744 SW 88TH ST., UNIT M-16 3. CITY, STATE, ZIP MIAMI FL 33176		1. NAME ☐ Change ☐ Addition 2. STREET ADDRESS ☐ Change ☐ Addition 3. CITY, STATE, ZIP ☐ Change ☐ Addition 4. NAME ☐ Change ☐ Addition 5. STREET ADDRESS ☐ Change ☐ Addition 6. CITY, STATE, ZIP ☐ Change ☐ Addition 7. NAME ☐ Change ☐ Addition 8. STREET ADDRESS ☐ Change ☐ Addition 9. CITY, STATE, ZIP ☐ Change ☐ Addition 10. NAME ☐ Change ☐ Addition 11. STREET ADDRESS ☐ Change ☐ Addition 12. CITY, STATE, ZIP ☐ Change ☐ 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 Section 607.01(2)(b), Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report as required, accurate and that my signature shall be on the same legal effect as if made under oath. That I am an officer or director of the corporation or the manager or business representative to make up this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1, of a change or on an attachment with an address.

SIGNATURE:

Ted J Stronkowski

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

X 4/17/94 X 305 879-5401