FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087578 (9)

1. Corporation Name

S. J. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
100 N BISCAYNE BLVD SUITE 1707 MIAMI FL 33132	100 N BISCAYNE BLVD SUITE 1707 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 ~~7889 Pines Blvd~~ 1465 NW 124th AVE
Suite, Apt #, etc
22
City & State
23 Pembroke Pines , Fl
Zip
24 33026
Country
25 USA

2a. Mailing Address
26 ~~7889 Pines Blvd~~ 1465 NW 124th AVE
Suite, Apt #, etc
27
City & State
28 Pembroke Pines, Fl
Zip
29 33026
Country
30 USA

4. FEI Number: 65-0459369 — 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

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
BERGER, DAVID S 100 N BISCAYNE BLVD SUITE 1707 MIAMI FL 33132	81 Name: JP ASSOCIATES,PA 82 Street Address (P.O. Box Number is Not Acceptable): 6003 N.W. 31st Ave. 83 84 City: Fort Lauderdale FL 85 Zip Code: 33309

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 ______ (Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VPD ☐ Change ☒ Addition
NAME	JASPAN, SALOMAO	12 NAME	JASPAN,FANIA R.G.
STREET ADDRESS	100 N BISCAYNE BLVD SUITE 1707	13 STREET ADDRESS	~~7889 Pines Blvd~~ 1465 NW 124TH AVE
CITY-ST-ZIP	MIAMI FL 33132	14 CITY-ST-ZIP	~~Pembroke Pines,Fl 33026~~
TITLE	VPD	21 TITLE	PD ☒ Change ☐ Addition
NAME	JASPAN,FANIA R.G.	22 NAME	JASPAN,SALOMAO
STREET ADDRESS	~~7889 Pines Blvd~~ 1465 NW 124TH AVE	23 STREET ADDRESS	~~7889 Pines Blvd~~ 1465 NW 124TH AVE
CITY-ST-ZIP	Pembroke Pines, Fl 33026	24 CITY-ST-ZIP	Pembroke Pines, Fl 33026
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SALOMAO JASPAN

Title ______ (305)961.0033 Daytime Phone #

0133590 CP