

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010637 (4)**

1. Corporation Name  
**JTN OF MIAMI, INC.**

Principal Place of Business Mailing Address  
**21 S.E. FIRST AVE. 21 S.E. FIRST AVE.**  
**4TH FLOOR 4TH FLOOR**  
**MIAMI FL 33131 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1994** 3a. Date of Last Report **2/9/94**

2. Principal Place of Business 2a. Mailing Address  
21 **8754 SW 8 ST** 26 **8754 SW 8 ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0467935** Applied For  
Not Applicable

22 City & State **MIAMI FL** 27 City & State **MIAMI FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33174** 25 **DADE** 29 **33174** 30 **DADE**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARX, JAMES**  
**150 S.E. 2ND AVE.**  
**SUITE 500**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name **MILTON NASAJON**  
82 Street Address (P.O. Box Number is Not Acceptable) **21 SE 1 AVE**  
83  
84 City **MIAMI** FL 85 Zip Code **33131**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASAJON - MILTON</b>	12 NAME	
STREET ADDRESS	<b>21 SE 1 AVE</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33131</b>	14 CITY, ST, ZIP	
TITLE	<b>SECRETARY - TREASURER</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASAJON - JAIME</b>	22 NAME	
STREET ADDRESS	<b>21 SE 1 AVE</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33131</b>	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form 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 for the purpose or further 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, on the attachment with an address.

SIGNATURE: DATE: **4/21/95** (301) 553-4443