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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000083367 (0)**

1. Corporation Name
B.J.B., INC.

Principal Place of Business: **9309 SW 212 TER MIAMI FL 33190**
Mailing Address: **9309 SW 212 TER MIAMI FL 33190**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/15/1994**
3a. Date of Last Report

4. FEI Number: 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 § 199.05, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **NUELL, STEPHEN S 9309 SW 212 TER MIAMI FL 33190**

10. Name and Address of New Registered Agent:

81 Name:	Stephen S. Nuell
82 Street Address (P.O. Box Number is Not Acceptable):	782 N.W. 42nd Avenue
83	Suite 345
84 City:	Miami
85 Zip Code:	FL 33126


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 officer 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

(Signature, typed or printed name of registered agent and title) (Signature, typed or printed name of corporation registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, BARRY	12 NAME	
STREET ADDRESS	9309 SW 212 TER	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33190	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, JUNE	22 NAME	
STREET ADDRESS	9309 SW 212 TER	23 STREET ADDRESS	500001437085
CITY - ST - ZIP	MIAMI FL 33190	24 CITY - ST - ZIP	-03/22/95--01107--009
TITLE	PTS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUELL, STEPHEN S	32 NAME	****200.00 ****200.00
STREET ADDRESS	782 NW 42ND AVE SUITE 345	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.05(4)(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 under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to issue 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 AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-14-95 (305) 441-1122