

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 08/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 AUG -9 AM 11:27



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000038933

1. Corporation Name
 G & J APARTMENTS, INC.



7/14/99 90015019 \$150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 17175 NE 20 AVE
 N MIAMI BEACH FL 33162
 US

Mailing Address
 18891 NE 20 CT
 N MIAMI BEACH FL 33179
 US

3. Date Incorporated or Qualified
 05/06/1998

4. FEI Number
 65-0666077 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 owes the current year Intangible Personal Property. Yes No

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 23 | City & State | 27 | City & State |
| 24 | Zip | 28 | Zip |
| 25 | Country | 29 | Country |

9. Name and Address of Current Registered Agent
 BEN-EZRA, MARC
 951 N.E. 167TH STREET
 SUITE 102
 N MIAMI BEACH FL 33162

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, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|--|---|--|
| 12 | TITLE PSD NAME HARARI, GIDEON STREET ADDRESS 18891 N.E. 20TH STREET CITY-ST-ZIP N MIAMI BEACH FL 33179 <input type="checkbox"/> DELETE | 11 | TITLE VICE PSD NAME CARMY HARARI STREET ADDRESS 18891 NE 20CT CITY-ST-ZIP N. MIAMI BEACH FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 13 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 12 | NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 13 | STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 14 | NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 15 | STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 16 | NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 17 | STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | 18 | NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *Katherine Harris* 7-1-99 (305) 931 4143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (5/99)

KE

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G & J Apartments, Inc.
18891 NE 20 Ct.
North Miami Beach, FL 33179

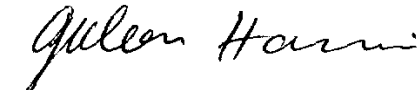
Re: Annual Report
#P96000038933

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

I am in receipt of your letter returning my Annual Report. I did not receive it before and paid the fee as soon as I realized it was due.

As you can see from my record, I have only been in business a few years and have always paid on time. I am a small businessman and paying this penalty will result in a major hardship to my family. I am asking you to waive the late fee.

I am a small businessman and because of your heavy penalties, always pay my fee on time.


Gideon Harari
President