

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V72533** (5)  
 1. Corporation Name  
**G.-J.F., INC.**



Principal Place of Business Mailing Address  
**409 ESPANOLA WAY MIAMI BEACH FL 33139** **409 ESPANOLA WAY MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified **10/16/1992** 3a. Date of Last Report **07/11/1995**  
 4. FEI Number **65-0354394** 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

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt. #., etc. 26. Suite, Apt. #., etc.  
 22. City & State 27. City & State  
 23. Zip Country 28. Zip Country  
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**NUNEZ, LIZETTE**  
**11 ISLAND AVE**  
**STE 1707**  
**MIAMI BEACH FL 33139**

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 607.0102 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 or the corporation. (Date: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS  DELETE

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FITZSIMMONS, GARY	
STREET ADDRESS	4201 ROYAL PALM AVENUE	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRANKFURT, BARBARA	
STREET ADDRESS	2501 LUCRENE AVENUE, SUNSET ISLAND NO. 2	
CITY- ST- ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NUNEZ, LIZETTE	
STREET ADDRESS	11 ISLAND AVE STE 1707	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in powers 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: *Lizette Muty Pres.* 5/1/96 534-0061  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)