

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000017586 (6)

1. Corporation Name

OJ INVESTMENTS, INC.

FILED

95 JUL 28 AM 7:36

**SECRETARY OF STATE
 TALLAHASSEE FLORIDA**

Principal Place of Business

Mailing Address

**17395 N-BAY RD 400 HOLIDAY DR.
 STE 200 HALLANDALE, FL. 33009
 MIAMI BEACH FL 33160**

**17395 N-BAY RD P.O. Box 2726
 STE 200 HALLANDALE, FL. 33008-2726
 MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/01/1994

4. FEI Number

Applied For

Not Applicable

65-0472511

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

\$5.00 May Be Added to Fees

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KLEIN, THEODORE J
 16855 NE 2ND AVE
 STE 301
 N MIAMI BEACH FL 33162**

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 607.0502 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

Signature of President or principal officer of corporation and Secretary of State

(If the registered agent is a corporation, the signature of the president or principal officer of the corporation is required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

**TITLE: PRESIDENT - TREASURER
 NAME: SALOMON OJALVO
 STREET ADDRESS: 400 HOLIDAY DRIVE
 CITY, ST, ZIP: HALLANDALE, FL. 33009**

11 TITLE ☐ Change ☐ Addition

**TITLE: V. PRESIDENT - SECRETARY
 NAME: DORITA OJALVO
 STREET ADDRESS: 400 HOLIDAY DRIVE
 CITY, ST, ZIP: HALLANDALE, FL. 33009**

21 TITLE ☐ Change ☐ Addition

**TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:**

31 TITLE ☐ Change ☐ Addition

**TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:**

41 TITLE ☐ Change ☐ Addition

**TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:**

51 TITLE ☐ Change ☐ Addition

**TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:**

61 TITLE ☐ Change ☐ Addition

**TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:**

71 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DORITA OJALVO

7/24/95

305-456-9597