

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 272887

(1)

1. Corporation Name

HJR, INC.

Principal Place of Business

120 LEUCADENDRA DR
CORAL GABLES FL 33156

Mailing Address

120 LEUCADENDRA DR
CORAL GABLES FL 33156



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

KUBIT, DONALD E.
150 S.E. 2ND AVENUE, SUITE #300
CORAL GABLES, FL
MIAMI FL 33130

3. Date Incorporated or Created

08/19/1963

3a. Date of Last Report

06/14/1995

4. FEI Number

59-1318669

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

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 609.04 and 609.05, Florida Statutes, the above named registered agent, on behalf of the State of Florida, has authorized the corporation to use the above named agent as its registered agent. I am familiar with and accept the obligations of Section 609.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD	ROSS, AUDREY H.	120 LEUCADENDRA DR.	CORAL GABLES FL	
T	ROSS, AUDREY H.	120 LEUCADENDRA DRIVE	CORAL GABLES FL	
S	ROSS, AUDREY H.	120 LEUCADENDRA DR.	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

NAME	STREET ADDRESS	CITY	STATE	ZIP
14 NAME	14 STREET ADDRESS	14 CITY	14 STATE	14 ZIP
15 NAME	15 STREET ADDRESS	15 CITY	15 STATE	15 ZIP
16 NAME	16 STREET ADDRESS	16 CITY	16 STATE	16 ZIP
17 NAME	17 STREET ADDRESS	17 CITY	17 STATE	17 ZIP
18 NAME	18 STREET ADDRESS	18 CITY	18 STATE	18 ZIP
19 NAME	19 STREET ADDRESS	19 CITY	19 STATE	19 ZIP
20 NAME	20 STREET ADDRESS	20 CITY	20 STATE	20 ZIP
21 NAME	21 STREET ADDRESS	21 CITY	21 STATE	21 ZIP
22 NAME	22 STREET ADDRESS	22 CITY	22 STATE	22 ZIP
23 NAME	23 STREET ADDRESS	23 CITY	23 STATE	23 ZIP
24 NAME	24 STREET ADDRESS	24 CITY	24 STATE	24 ZIP
25 NAME	25 STREET ADDRESS	25 CITY	25 STATE	25 ZIP
26 NAME	26 STREET ADDRESS	26 CITY	26 STATE	26 ZIP
27 NAME	27 STREET ADDRESS	27 CITY	27 STATE	27 ZIP
28 NAME	28 STREET ADDRESS	28 CITY	28 STATE	28 ZIP
29 NAME	29 STREET ADDRESS	29 CITY	29 STATE	29 ZIP
30 NAME	30 STREET ADDRESS	30 CITY	30 STATE	30 ZIP

14. I do hereby certify that the information supplied on this report is true and correct, and that I am a resident of the State of Florida. I further certify that the information supplied on this report is true and correct, and that I am a resident of the State of Florida. I further certify that I am an officer or director of the corporation, or the person authorized to prepare this report as provided by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Audrey H. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 661-4003

CR2E034 (12/95)