## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000032933 (1)

1994 C & J PRODUCTIONS INC.

1884 C Q	J PRODUCTIONS INC	<b>,</b> .				
Principal Place of Business Mailing Address						
9712 BW 40TH 8 MIAMI FL 33165	т.	13762 SW 144TH TERRACE MIAMI FL 33186-7229				
				3. Date Incorporated or Qualified 05/02/1994	3a. Date of I	,
2. Principal Place of Business		2a. Mailing Address		4. FE! Number	1	Applied Fo
21		26		65-0463893		Not Applic
Suite, Apt. #, etc.		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax ur	ider s. 199.03

9. Name and Address of Current Registered Agent RAMOS, AUGUSTO C JR 13762 S.W. 144TH TERRACE MIAMI FL 33186

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

**FILED** 

Jun 17 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

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, typod or printed name of registered agent and title if applicable (NOTE flogistered Agent signature required when revisitating)  DATE								
Signature, typod or printed name of registered agent and title if applicable (NOTE  12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	0	☐ DELETE	1.1 TITLE	Change Addition				
NAME	RAMOS, AUGUSTO C JR		1.2 NAME					
STREET ADDRESS	13762 S.W. 144TH TERRACE		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE	Change Addition				
NAME	CULBERTSON, JOHN		2.2 NAME					
STREET ADDRESS	13762 S.W. 144TH TERRACE		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		2 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TIFLE	Change Addition				
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	Change Addition				
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
City-St-Zip			4.4 CITY-ST-ZIP					
TITLE		☐ DEFELE	5.1 TITLE	☐ Change ☐ Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZiP					
TITLE	*	DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation but he receiver of this core empowered to appears in Block 12 of Block 13 if phanged of on any attachment with an address. be exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under eath; that to execute this report as required by Chapter 607, Florida Statutes; and that my name