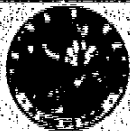


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 188149 (9)

1. Corporation Name

GJA OF SOUTH FLORIDA CORPORATION

Principal Place of Business

7980 S.W. 117TH AVENUE
BOX 839000
MIAMI FL 33263-6000

Mailing Address

7980 S.W. 117TH AVENUE
BOX 839000
MIAMI FL 33263-6000

APPROVED
AND
FILED

95 APR 19 AM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/30/1955	3a. Date of Last Report 02/18/1994
4. FEI Number 59-0765601	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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTRO, ANTONIO J.
C/O ADMINISTRATIVE SERVICES INC
7990 SOUTHWEST 117TH AVE
MIAMI FL 33183

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 607.1506, 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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
D	GROSSMAN, ARNOLD J	7990 S.W. 117TH AVENUE	MIAMI, FL 00000	☒ Change ☐ Addition	REMOVE	GROSSMAN, ARNOLD J.																					
PD	GROSSMAN, WILLIAM I.	7990 S.W. 117TH AVENUE	MIAMI, FL 00000	☐ Change ☐ Addition																							
D	GROSSMAN, PHYLLIS	7990 S.W. 117TH AVENUE	MIAMI FL	☐ Change ☐ Addition																							
CFOS	CASTRO, ANTONIO	7990 SW 117TH AVE	MIAMI FL	☐ Change ☐ Addition																							
				☐ Change ☒ Addition	V	MIZELS, LORI	7990 SW 117 TH AVE																				
				☐ Change ☒ Addition	V	GETELMAN, KAREN	1238 COMMONWEALTH AVENUE																				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 110.07(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 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. I attach attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO J. CASTRO

4/14/95

(305) 595-4040