

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 # 188149 (9)

1. Corporation Name

GJA OF SOUTH FLORIDA CORPORATION



Principal Place of Business

7990 S.W. 117TH AVENUE
BOX 839000
MIAMI FL 33263-8000

Mailing Address

7990 S.W. 117TH AVENUE
BOX 839000
MIAMI FL 33263-8000

3. Date Incorporated or Qualified 09/30/1955
3a. Date of Last Report 04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number 59-0765601

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

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

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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 607.0602 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, Sections 607.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

ANTONIO J. CASTRO

4/29/96

(NOTE: Registered Agent Signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	MIZELS, LORI	
STREET ADDRESS	7990 SW 117TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GROSSMAN, WILLIAM I.	
STREET ADDRESS	7990 S.W. 117TH AVENUE	
CITY- ST- ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, PHYLLIS	
STREET ADDRESS	7990 S.W. 117TH AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	CASTRO, ANTONIO	
STREET ADDRESS	7990 SW 117TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GETELMAN, KAREN	
STREET ADDRESS	1238 COMMONWEALTH AVENUE	
CITY- ST- ZIP	NEWTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

100001810171
-05/07/96--01010--003
***208.75

FOR DEPOSIT ONLY
DATE 4/29/96
TIME 10:00 AM
BRANCH 000-01010-003

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 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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO J. CASTRO

4/29/96

(305) 595-4080

CR2E034 (12/95)