

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G97942 (8)**

1. Corporation Name  
**P.A.J. CORP.**

Principal Place of Business

**2100 NW 107TH AVE  
MIAMI FL 33172**

Mailing Address

**2100 NW 107TH AVE  
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/10/1984**

3a. Date of Last Report

**08/04/1994**

4. FEI Number

**59-2394877**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLASCA, PETER A.  
3544 ROCKERMAN RD.  
MIAMI FL 33133**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>VSD</b>                |
| NAME            | <b>RAMIREZ, ALVARO</b>    |
| STREET ADDRESS  | <b>8500 SW 146TH ST.</b>  |
| CITY - ST - ZIP | <b>MIAMI FL</b>           |
| TITLE           | <b>VD</b>                 |
| NAME            | <b>RAMIREZ, MANUAL G.</b> |
| STREET ADDRESS  | <b>7008 SW 53RD LANE</b>  |
| CITY - ST - ZIP | <b>MIAMI FL</b>           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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 |                                                                   |

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementally 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 registered agent or both; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added as applicable.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/95**

**(305) 592 9794**