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 19 AM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J01881** **(8)**

1. Corporation Name
G. J. A., INC.

Principal Place of Business	Mailing Address
7900 SW 117 AVENUE P O BOX 830000 MIAMI FL 33283-0000	7900 SW 117 AVENUE P O BOX 830000 MIAMI FL 33283-0000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/27/1986**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2700143** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTRO, ANTONIO J
ADMINISTRATIVE SERVICES, INC.
7990 S.W. 117TH AVENUE
MIAMI FL 33183

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	GROSSMAN, ARNOLD	12 NAME	REMOVE	
STREET ADDRESS	7990 S.W. 117TH AVE.	13 STREET ADDRESS	GROSSMAN, ARNOLD J.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	P,D	☒ Change ☐ Addition
NAME	GROSSMAN, WILLIAM	22 NAME		
STREET ADDRESS	7990 S.W. 117TH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	MASTRANGELO, JOSEPH E.	32 NAME	MIZELS, LORI	
STREET ADDRESS	7990 S.W. 117TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	V,S	☒ Change ☐ Addition
NAME	CASTRO, ANTONIO J	42 NAME		
STREET ADDRESS	7990 SW 117TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	GETELMAN, KAREN	
STREET ADDRESS		53 STREET ADDRESS	1238 COMMONWELTH AVE.	
CITY-ST-ZIP		54 CITY-ST-ZIP	NEWTON, MA 02165	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), 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, or on an attachment with an address.

SIGNATURE: J. Castro ANTONIO J. CASTRO 4/11/95 (305) 595-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438484 FP