

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J01881 (8)

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



Principal Place of Business
7990 SW 117 AVENUE
P O BOX 839000
MIAMI FL 33283-6000

Mailing Address
7990 SW 117 AVENUE
P O BOX 839000
MIAMI FL 33283-6000

3. Date Incorporated or Qualified 02/27/1986	3a. Date of Last Report 04/19/1995
4. FEI Number 59-2700143	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 607.0602 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 607.0606, Florida Statutes.

SIGNATURE
Signature typed or printed name of registered agent and date of appointment

ANTONIO J. CASTRO

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GETELMAN, KAREN	
STREET ADDRESS	1238 COMMONWELTH AVE.	
CITY- ST- ZIP	NEWTON MA	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	GROSSMAN, WILLIAM	
STREET ADDRESS	7990 S.W. 117TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MIZELS, LORI	
STREET ADDRESS	7990 S.W. 117TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CASTRO, ANTONIO J	
STREET ADDRESS	7990 SW 117TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
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	

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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, as an attachment with an address

SIGNATURE: ANTONIO J. CASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 595-4040

CR2E034 (12/95)