

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:12

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # J09417 (3)
1. Corporation Name
C.J.F. GRAVOISE, INC.

Principal Place of Business: 6915 RED ROAD #211 CORAL GABLES FL 33143
Mailing Address: 6915 RED ROAD #211 CORAL GABLES FL 33143

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

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 04/14/1986
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-2699333
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

9. Name and Address of Current Registered Agent
KROHN, SUZAN G.
6915 RED ROAD STE 211
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent
81. Name: CHARLES J. VALENTI, JR.
82. Street Address (P.O. Box Number is Not Acceptable): 6915 RED ROAD
83. SUITE 211
84. City: CORAL GABLES FL
85. Zip Code: 33143

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: *Charles J. Valenti, Jr.* SECRETARY GRAVOISE 2/14/95
(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, JAMES W.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES FL
TITLE	STD
NAME	VALENTI, CHAS J. JR.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	VALENTI, FRANK J.
STREET ADDRESS	6915 RED ROAD #211
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	DE TCHON, ROBERT S
STREET ADDRESS	6915 RED ROAD 211
CITY-ST-ZIP	CORAL GABLES FL
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 and have 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 of this report, or on a declaration with an address.
SIGNATURE: *James W. Johnson* PRESIDENT 2/16/95 (305) 284-9966
(DATE)