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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:54

DOCUMENT # **K62663** **(5)**

1. Corporation Name
C.J. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O FREDERICK B GOMER & ASSOC INC 10025 SUNSET STRIP SUNRISE FL 33322	C/O FREDERICK B GOMER & ASSOC INC 10025 SUNSET STRIP SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/01/1989**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26): **P.O. Box 450549**
Suite Apt. # etc. (22)
Suite Apt. #, etc. (27)
City & State (23)
City & State (28): **SUNRISE, FL**
Zip (24) / County (25)
Zip (29): **33345** / County (30): **Broward**

4. FEI Number: **65-0098179** ☐ 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

MASON, CARMEN
13105 IXORA CT. #203
N. MIAMI FL 33181

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 607.1908, 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 (If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent address only, signature not required) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TYPE	DP	41 TYPE	☐ Change ☐ Addition
32 NAME	LERSUNDY, CARLOS	42 NAME	
33 STREET ADDRESS	13105 IXORA CT. #203	43 STREET ADDRESS	
34 CITY ST ZIP	N. MIAMI FL	44 CITY ST ZIP	
35 TYPE	DST	45 TYPE	☐ Change ☐ Addition
36 NAME	MASON, CARMEN	46 NAME	
37 STREET ADDRESS	13105 IXORA CT. #203	47 STREET ADDRESS	
38 CITY ST ZIP	N. MIAMI FL	48 CITY ST ZIP	
39 TYPE		49 TYPE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY ST ZIP		52 CITY ST ZIP	
43 TYPE		53 TYPE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TYPE		57 TYPE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TYPE		61 TYPE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. I 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 13 above, or on an attachment with an address.

SIGNATURE: CARLOS LERSUNDY **MAY/22/95** **(305) 748-9006**
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR (DATE) (Telephone Number)

G95074 CP