

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 # **K66803** (3)

1. Corporation Name

GAJO INVESTMENTS, INC.



Principal Place of Business

**133 SEVILLA AVE
CORAL GABLES FL 33134**

Mailing Address

**133 SEVILLA AVE
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 **2925 Aventura Blvd.**

26 **2925 Aventura Blvd.**

22 Suite, Apt. #, etc.
Suite 308

27 Suite, Apt. #, etc.
Suite 308

23 City & State
Aventura, Florida

28 City & State
Aventura, Florida

24 Zip

Country

33180

USA

29 Zip

Country

33180

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/17/1989

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0104257

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

10. Name and Address of New Registered Agent

**ROSEN, LAWRENCE N
133 SEVILLA AVE
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2925 Aventura Blvd., Suite 308

83

84 City

Aventura

FL

85 Zip Code
33180

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 **DP** ☐ DELETE
NAME **GILINSKI, JAIME**
STREET ADDRESS **ONE S.E. THIRD AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **ROSEN, LAWRENCE N**
STREET ADDRESS **133 SEVILLA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Rosen, Lawrence N.**
2.3 STREET ADDRESS **2925 Aventura Blvd., Suite 308**
2.4 CITY-ST-ZIP **Aventura, Florida 33180**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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, or on an attachment with an address.

SIGNATURE:

LAWRENCE N. ROSEN

4/10/96

305/932-9955

Date

Daytime Phone #

CR2E034 (12/95)