

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K84647
 1. Corporation Name: RJAY, INC.

Principal Place of Business: 2033 N.E. 154TH ST. NORTH MIAMI BEACH, FL 33162
 Mailing Address: SAME

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<u>4-29-89</u>	<u>4-25-97</u>
4. FLL Number	Apply For Not Applicable
<u>65-0113223</u>	
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

81 Name	<u>ROBERT HOLTZMAN</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>1865 79TH ST. CAUSEWAY</u>
83 City	<u>NORTH BAY VILLAGE</u>
84 State	<u>FL</u>
85 Zip Code	<u>33141</u>

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Holtzman
 Signature typed or printed name of registered agent and new registered agent (NOTE: Registered Agent signature required when re-designating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME		12 NAME	<u>SECRETARY</u>
STREET ADDRESS		13 STREET ADDRESS	<u>NORMA B. HOLTZMAN</u>
CITY-ST-ZIP		14 CITY-ST-ZIP	<u>7821 NOREMACK AVENUE MIAMI BEACH FL 33162</u>
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	<u>900002203249</u>
STREET ADDRESS		63 STREET ADDRESS	<u>-06/05/97--01104--020</u>
CITY-ST-ZIP		64 CITY-ST-ZIP	<u>***61.25</u>

14. I do hereby certify that the information supplied with this filing 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, added or deleted with an address.

SIGNATURE: Robert Holtzman PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 5-16-97 (305) 940-1166

CR2E034 (9/96)