

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 # M45275 (8)

1. Corporation Name

N. J. INVESTMENTS CORP.

Principal Place of Business

1005 S.W. 87TH AVENUE  
P.O. BOX 65-545  
MIAMI FL 33174

Mailing Address

1005 S.W. 87TH AVENUE  
P.O. BOX 65-545  
MIAMI FL 33174



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

3. Date Incorporated or Qualified

01/22/1987

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2759516

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

~~STEFANO, NANCY~~  
1005 S.W. 87TH AVE  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

MARIANO STEFANO

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

1005 S.W. 87TH AVE.

83

84 City

MIAMI

FL

85

Zip Code  
33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 the applicable

MARIANO STEFANO-PRESIDENT

DATE 3/12/96

12. OFFICERS AND DIRECTORS

TITLE

STP

☒ DELETE

NAME

~~STEFANO, NANCY~~

STREET ADDRESS

~~14090 S.W. 34 ST.~~

CITY- ST- ZIP

~~MIAMI FL~~

TITLE

VP

☐ DELETE

NAME

STEFANO, ANA L.

STREET ADDRESS

14090 S.W. 34 ST.

CITY- ST- ZIP

MIAMI FL

TITLE

...

☐ DELETE

NAME

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STREET ADDRESS

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CITY- ST- ZIP

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CITY- ST- ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/S/T

☐ Change

☒ Addition

1.2 NAME

MARIANO STEFANO

1.3 STREET ADDRESS

1005 S.W. 87TH AVE.

1.4 CITY- ST- ZIP

MIAMI, FL. 33174

2.1 TITLE

...

☐ Change

☐ Addition

2.2 NAME

...

2.3 STREET ADDRESS

...

2.4 CITY- ST- ZIP

...

3.1 TITLE

VP

☐ Change

☒ Addition

3.2 NAME

STEFANO, NANCY

3.3 STREET ADDRESS

14090 S.W. 34TH ST.

3.4 CITY- ST- ZIP

MIAMI, FL. 33175

4.1 TITLE

...

☐ Change

☐ Addition

4.2 NAME

...

4.3 STREET ADDRESS

...

4.4 CITY- ST- ZIP

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5.1 TITLE

...

☐ Change

☐ Addition

5.2 NAME

...

5.3 STREET ADDRESS

...

5.4 CITY- ST- ZIP

...

6.1 TITLE

...

☐ Change

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANO STEFANO-PRESIDENT 3/12/96 305-221-0717

Date

Daytime Phone #

CR2E034 (12/95)