

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000006075 (5)

1. Corporation Name

BCJ INVESTMENTS, INC.



Principal Place of Business

510 NW 54TH ST.
MIAMI FL 33127

Mailing Address

510 NW 54TH ST.
MIAMI FL 33127

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BLAXBERG, I. B
25 SE 2ND AVE.
SUITE 730
MIAMI FL 33131

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

05/22/1995

4. FLE Number

65-0371857

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

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 607.1508, 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 of the person who is authorized to sign this statement on behalf of the corporation

Signature of the person who is authorized to sign this statement on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

BLAXBERG, I. B

STREET ADDRESS

25 SE 2ND AVE., SUITE 730

CITY, ST, ZIP

MIAMI FL 33131

TITLE

PD

☐ DELETE

NAME

ASHMORE, CHARLES J.

STREET ADDRESS

510 NW 54TH ST.

CITY, ST, ZIP

MIAMI FL

TITLE

SD

☐ DELETE

NAME

ASHMORE, BEATRICE

STREET ADDRESS

510 NW 54TH ST.

CITY, ST, ZIP

MIAMI FL

TITLE

VPD

☐ DELETE

NAME

SHEPPARD, JOHN C.

STREET ADDRESS

510 NW 54TH ST.

CITY, ST, ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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***200.00

M.M.

3-18-96

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)(g), 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:

CHARLES J. ASHMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

(305)757-8596

CR2E034 (12/95)