

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 FEB 27 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010967 (7)

1. Corporation Name

DOR-JAM, INC.

Principal Place of Business

13727 SW 152ND STREET  
SUITE 102  
MIAMI FL 33177  
US

Mailing Address

13727 SW 152ND STREET  
SUITE 102  
MIAMI FL 33177  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0379213

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 § 190.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 11767 S. DIXIE Hwy #145

Suite, Apt. #, etc.

22 MIAMI, FL

City & State

23 33156

Zip

Country

25 USA

2a. Mailing Address

26 11767 S. DIXIE Hwy #145

Suite, Apt. #, etc.

27 MIAMI, FL

City & State

28 33156

Zip

Country

30 USA

9. Name and Address of Current Registered Agent

ZAHARAKO, JAMES G  
13727 SW 152 STREET #248  
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

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

11767 S. DIXIE Hwy #145

83 MIAMI

84 City

MIAMI

FL

85

Zip Code

33156

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]*

JAMES ZAHARAKO

2-22-95

Signature, typed or printed name of registered agent and date of appointment

Signature, typed or printed name of registered agent and date of appointment

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ZAHARAKO, JAMES G  
STREET ADDRESS 13727 SW 152ND STREET #248  
CITY ST ZIP MIAMI FL 33177

TITLE D  
NAME ZAHARAKO, DOROTHY G  
STREET ADDRESS 13727 SW 152ND STREET #248  
CITY ST ZIP MIAMI FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 11767 S. DIXIE Hwy #145  
14 CITY ST ZIP MIAMI, FL 33156

21 NAME ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 11767 S. DIXIE Hwy #145  
24 CITY ST ZIP MIAMI, FL 33156

31 NAME ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 NAME ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 NAME ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 NAME ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 190.032, Florida Statutes. I further certify that the information entered 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 on an oath, that I am an officer or director of said 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 of this report or on an attachment with an address.

SIGNATURE:

*[Signature]* JAMES ZAHARAKO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-95 (305) 632-8632