SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 27 AM 11:57

DOCUMENT # **P93000004096 (2)**

1. Corporation Name
B.J.B. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
9830 SW 221 ST. MIAMI FL 33190	9830 SW 221 ST. MIAMI FL 33190

2. Principal Place of Business 21 10701 SW 216ST	2a. Mailing Address 26 N/A
Suite, Apt. #, etc. 22 MIAMI	Suite, Apt. #, etc 27
City & State 23 FLA	City & State 28
Zip / Country 24 33170 / 25 DADE	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/13/1993	3a. Date of Last Report 08/15/1995
4. FEI Number NOT APPLICABLE	☐ 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

BERNARD, ANTHONY
16155 SW 117TH AVE.
B-8
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: GOLLIE H BONNER
82 Street Address (P.O. Box Number is Not Acceptable): 10701 SW 216 ST
83: BAY # 16
84 City: MIAMI — FL 85 Zip Code: 33170

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: GOLLIE A BONNER — 8-3-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BONNER, GOLLIE H	
STREET ADDRESS	9830 SW 221 ST.	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	DVT	☐ DELETE
NAME	BONNER, BETTY J	
STREET ADDRESS	9830 SW 221 ST.	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	DS	☐ DELETE
NAME	ROBINSON, COLIS L	
STREET ADDRESS	10900 SW 149TH TERR.	
CITY-ST-ZIP	MIAMI FL 33176	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	600001938426 -09/04/96--01109--013 ****225.00 ****225.00	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	QR 8/30	☐ Change ☐ Addition
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		☐ 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		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GOLLIE H BONNER — 8-20-96 — 644-5144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #