

DOCUMENT # P93000005582

1. Entity Name

J N J CORP.

FILED

00 FEB 28 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00006794



1/21/00 90058-007 \$150.00

Principal Place of Business	Mailing Address
4813 SW 8 STREET MIAMI FL 33134 US	4813 SW 8 STREET MIAMI FL 33134-2522 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0398504	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, RENEALDO J  
7183 S.W. 22ND ST  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: TOBY MILIAN  
Street Address (P.O. Box Number is Not Acceptable): 4813 S.W. 8 ST  
City: MIAMI FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [Signature] DATE: 2-24-00

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, RENEALDO J	
STREET ADDRESS	7183 S.W. 22ND ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D - P - S	<input type="checkbox"/> Delete
NAME	MILIAN, OSCAR	
STREET ADDRESS	4813 S.W. 8 ST	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/P-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOBY MILIAN	
STREET ADDRESS	4813 S.W. 8 ST.	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED PRES. TOBY MILIAN 1/21/00 305-445-5242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)