FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 4711 NW 79TH AVE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044612 (8)

NAJES CORPORATION

Principal Place of Business

4711 NW 79TH AVE B-H MIAMI FL 33166 US		4711 NW 79TH AVE 8-H Miami Fl 33168-5452 US				3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1993 03/29/1996				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	.L	Ť	Apr	olied For
21		26			.	65-0419011			Not	Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution			.00 to	May Be Fees
Zip 24	Country 25	Zip 29	Countr 30	У			Yes _] No	der s.	199.032,
	Name and Address of Curren	t Registered Agent				Name and Address of New Re	gistered A	gent		
SZT	EINBAUM, RICHARD		81	N	lame					
	1 NW 79TH AVE 8-H MI FL 33166		82	S	Street Address	ess (P.O. Box Number is Not Acceptable)				
			83	1	·					
			84	ı	Dity		FI	85	Zip C	ode
SIGNATURE	to the provisions of Sections 607.050, ogistered agent, or both, in the State of familiar with, and accept the obligation Signative typed or profed name of registered age				amed corporation to corporation	when reinslating)	DATE			
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				3 IN 12
TIFLE	Р	DELETE	1.1 TITLE					☐ Ch	ange	Addition
NAME	SZTEINBAUM, VICTOR		1.2 NAME		-					
STREET ADDRESS CHTY-ST-ZIP	555 Laurel ave, ste 422 San Mateo Ca		1.3 STREE 1.4 City-		· 1					
TITLE	RA	DELETE	2.1 TITLE		."		 	Chi	ange	Addition
NAME			2.2 NAME							
STREET ADDRESS	4711 NW 79TH AVE 8-H	4	2.3 STREE	2.3 STREET ADDRESS		•				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY							
TITLE		☐ DELETE		3.1 TITLE				Ch	ange	Addition
NAME:			3.2 NAME							
STREET ADDRESS			3.3 STAES	ET ADI	DRESS	·				
CITY - ST - ZIP	_		3.4. CITY	- \$1 - 2	ŽIP					
TITLE	DELETE 4.11		4.1 TITLE	4.1 TITLE				☐ Ch	ange	Addition
NAMÉ			4. 2 NAMI	E						
STREET ADDRESS			4.3 STREE	T ADI	DRESS					
CITY - \$1 - 71P		······································	4.4 CITY-		ZIP				····	
TITLE		☐ DELETE	5.1 TITLE					☐ Ch	ange	Addition
NAME			5.2 NAME							ı
STREET ADDRESS			5.3 STREE	ET AD	ORESS					
CITY - S1 - ZIP			5.4 CITY-	ST-2	ZIP					
TOLE		DELETE	6.1 TITLE					☐ Ch	ange	Addition
NAME			6.2 NAME	:						
STREET ANDRESS			6.3 STREE	FT AD	DRESS					

OUIREDARD SZTEINBAUM 2/17/97

6.4 CITY-ST-ZIP 14. I do 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 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 corporationary the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 21 1997 8:00am

Secretary of State