FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

400001480894
-05/03/95--01093--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
N.M.J. INVESTMENTS, INC.
1171 PALM AVENUE
HIALEAH, FL 33010

DOCUMENT #
P93000061084 ✓

Mailing Address
1171 PALM AVENUE
HIALEAH, FL. 33010

Principal Place of Business
1171 PALM AVENUE
HIALEAH, FL. 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

3. Date Incorporated or Qualified
~~03/13/89-02-93~~

3a. Date of Last Report
5/1/94

4. FEI Number
65-0436320

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
JOHN JUAN
1171 PALM AVENUE
HIALEAH, FL. 33010

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

P/S/T
JOHN JUAN
1171 PALM AVENUE
HIALEAH, FL 33010

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property pursuant to Chapter 717, Florida Statutes; 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 or 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: _____ PRESIDENT 4/26/95 (305) 884-8358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN JUAN

Date

Daytime Phone #