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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90091 036 \*\*\*150.00

DOCUMENT #	P930	00074	414	6

1. Corporation Name

LJM GROUP, INC.

Principal Place	e of Business	Mailing /	Address	س	:.,	٠ - تست		III. iānu nīna		
5565 N.W. 74TH	H AVENUE		V. 74TH AVENUE							
MIAMI FL 33166 MIAMI FL 33166 US US					DO NOT WRITE IN THIS SPACE					
US		US					3. Date Incorporated or Qualifed			
							10/26/1993			
2. Principal Pl	lace of Business	2a. Maili	ing Address				4. FEI Number		Appli	ied For
21		26					65-0448340		Not A	Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.				5. Certificate of Status Desired			ditional
22		27					5. Certificate of Status Desired	Fe	e Requ	uired
City & State	е	City	& State				6. Election Campaign Financing		00 м	- (
23		28	<del></del>				Trust Fund Contribution		ied to I	Fees
Zip	Country	Zip	_	_	untry		8. This corporation owes the current year	Intangible ZiYes	_	□No
24	25	29		30			Personal Property Tax.			INO
	9. Name and Address of Curre	ent Registered	Agent		81	Name	10. Name and Address of New Registers	u Agent		
ARF	VALO, MIGUEL					I TABILITO				
	5 SW 74 AVE				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
1	MI FL 33166				83					
					84	City	F	85	Zip Co	de
44 Bussiant	to the provisions of Sections 607.05	02 and 607 15	08 Florida Statute	s the a	above	e-named co	progration submits this statement for the numose	of changin	g its re	gistered
l office or n	egistered agent, or both, in the State	e of Florida. Su	ich change was au	ithorized	a by	the corpora	ation's board of directors. I hereby accept the app	ointment a	īs regis	stered
agent. Lai	m familiar with, and accept the oblig	pations of, Sect	ion 607.0505, Flori	ida Stat	tutes					3
1						•				
SIGNATURE	Stonature based or printed name of registered at	ent and title if applica					uired when reinstating) DATE			
	Signature, typed or printed name of registered ag	gent and title if applica	able. (NOTE: I		d Agen		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
SIGNATURE 12.			able. (NOTE: I	Registered	d Agen		anse vijon rameravigi	AND DIRE		S IN 12
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14. 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 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 eceiver 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: N

HATURE AND TYPED OR PRUGED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-99

Daytime Ph

CR2F034.(11/98)