SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000017586 (6)**

1. Corporation Name

OJ INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~17305 N BAY RD~~ 400 HOLIDAY DR, ~~STE 206~~ HALLANDALE, FL. 33009 ~~MIAMI BEACH FL 33160~~	~~17305 N BAY RD~~ P.O Box 2726 ~~STE 206~~ HALLANDALE, FL. 33008-2726 ~~MIAMI BEACH FL 33160~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/01/1994	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 400 HOLIDAY DR	26 PO Box 2726	65-0472511	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State HALLANDALE FL	28 City & State HALLANDALE, FL.	6. [illegible] ☐	**$5.00** May Be Added to Fees
24 Zip 33009 / 25 Country	29 Zip 33008-2726 / 30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEIN, THEODORE J 16855 NE 2ND AVE STE 301 N MIAMI BEACH FL 33162	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, 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 [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13.	
TITLE	PRESIDENT - TREASURER	11 TITLE	☐ Change ☐ Addition
NAME	SALOMUN OJALVO	12 NAME	
STREET ADDRESS	400 HOLIDAY DRIVE	13 STREET ADDRESS	
CITY ST ZIP	HALLANDALE, FL. 33009	14 CITY ST ZIP	
TITLE	V. PRESIDENT - SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	DORITA OJALVO	22 NAME	
STREET ADDRESS	400 HOLIDAY DRIVE	23 STREET ADDRESS	
CITY ST ZIP	HALLANDALE, FL. 33009	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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

SIGNATURE: [signature] DORITA OJALVO 7/24/95 305-456-9597

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

0144334 FP