

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029827 (0)

1. Corporation Name

AJF GENERAL BUSINESS, CORP.

Principal Place of Business

**4715 N.W. 79TH AVENUE
SUITE 11K
MIAMI FL 33166**

Mailing Address

**4715 N.W. 79TH AVENUE
SUITE 11K
MIAMI FL 33166**

APPROVED
AND
FILED

1995 MAY - 1995 JUN

TRAIL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 4715 N.W. 79TH AVE.

Suite, Apt. #, etc.

22 SUITE 11K

City & State

23 MIAMI

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 4715 N.W. 79TH AVE.

Suite, Apt. #, etc.

27 SUITE 11K

City & State

28 MIAMI

Zip

29 33166

Country

30 U.S.A.

4. FEI Number

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MEDINA, ALEJANDRO
4715 N.W. 79TH AVENUE
SUITE 11K
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Permitted)

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

Signature: Typed or printed name of registered agent, and date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME MEDINA, ALEJANDRO
STREET ADDRESS 4715 N.W. 79TH AVE. #11K
CITY- ST- ZIP MIAMI FL 33166**

**TITLE
NAME
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CITY- ST- ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95