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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000031563 (7)**

1. Corporation Name

**V.J. OF MIAMI CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7150 G.W. 9TH ST.~~<br>~~MIAMI FL 33144~~ | ~~7150 G.W. 9TH ST.~~<br>~~MIAMI FL 33144~~ |

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: 06/30/1995

2. Principal Place of Business
21: 1503 N.W. 27 Avenue
22:
23: City & State: Miami, Florida
24: Zip: 33125 — 25: Country: USA

2a. Mailing Address
26: 119 S.W. 16th Avenue
27: Suite, Apt. #, etc.
28: City & State: Miami, Florida
29: Zip: 33135 — 30: Country: U.S.A.

4. FEI Number: 65-0487023 ☐ 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

~~MAGIDE, VICTOR~~
~~7150 G.W. 9TH ST.~~
~~MIAMI FL 33144~~

10. Name and Address of New Registered Agent

81 Name: GEORGINA CASTRO
82 Street Address (P.O. Box Number is Not Acceptable): 119 S.W. 16th Avenue
83:
84 City: Miami — FL — 85 Zip Code: 33135

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] GEORGINA CASTRO July 10, 1996
Signature of New Registered Agent — Printed Name of New Registered Agent — Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☑ DELETE | 1.1 TITLE | DP | ☑ Change ☐ Addition |
| NAME | ~~MAGIDE, VICTOR~~ | | 1.2 NAME | CASTRO, GEORGINA | |
| STREET ADDRESS | ~~7150 G.W. 9TH ST.~~ | | 1.3 STREET ADDRESS | 119 S.W. 16th Avenue | |
| CITY-ST-ZIP | ~~MIAMI FL 33144~~ | | 1.4 CITY-ST-ZIP | Miami Fl 33135 | |
| TITLE | VD | ☑ DELETE | 2.1 TITLE | DV | ☑ Change ☐ Addition |
| NAME | ~~MAGIDE, JUANITA~~ | | 2.2 NAME | GEORGINA CASTRO | |
| STREET ADDRESS | ~~7150 G.W. 9TH ST.~~ | | 2.3 STREET ADDRESS | 119 S.W. 16 Avenue | |
| CITY-ST-ZIP | ~~MIAMI FL 33144~~ | | 2.4 CITY-ST-ZIP | Miami Fl 33135 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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)(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 added by attachment with an address.

**SIGNATURE:** [signature] GEORGINA CASTRO 7/10/1996 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)