

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

APPROVED AND FILED

95 JUN 28 AM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/29/95--01007--018
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000045467 (5)**
1. Corporation Name
P & J BROKERS, INC.

Principal Place of Business Mailing Address
1444 BISCAYNE BLVD SUITE 220 MIAMI FL 33132 **1444 BISCAYNE BLVD SUITE 220 MIAMI FL 33132**

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1395 NW 167TH STREET | 26 1395 NW 167TH STREET |
| 22 205 | 27 205 |
| 23 MIAMI, FL | 28 MIAMI, FL |
| 24 33169-5742 | 25 USA |
| 29 33169-5742 | 30 USA |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/13/1994 | 3a. Date of Last Report 4/4 |
| 4. FEI Number 65-0510107 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
JAMESON, CARLOS
1444 BISCAYNE BLVD SUITE 220
MIAMI FL 33132

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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]* DATE **3/27/95**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | D |
| NAME | PADILLA, RICARDO |
| STREET ADDRESS | 18314 NW 68TH AVE APT 7H |
| CITY - ST - ZIP | HIALEAH FL 33015 |
| TITLE | D |
| NAME | JAMESON, CARLOS |
| STREET ADDRESS | 5440 W 21ST CT APT 301 |
| CITY - ST - ZIP | HIALEAH FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 110.07(3)(4), 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]* **CARLOS JAMESON** DATE: **3/27/95** TELEPHONE: **305-621-6070**