FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 21 PM 3:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054504

1. Corporation Name
L.J.T. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1470 N.W. 107 Ave., Unit V, Box 7 Miami, FL 33172	1470 N.W. 107 Ave., Unit V, Box 7 Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/21/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1985 NW 88 Court	26 1985 NW 88 Court
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33172 / 25 USA	Zip / Country 29 33172 / 30 USA

4. FEI Number: 65-0582166 ☐ 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	10. Name and Address of New Registered Agent
AMKGS REGISTERED AGENTS, INC. 1980 SunBank International Center One S.E. Third Avenue Miami, Florida 33131	81 Name: John M. MacDaniel, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd., # 2975 83 84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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 _____ DATE
Signature required for printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P, S	11 TITLE	D, P.S. ☒ Change ☐ Addition
NAME	Joao Carlos Leite	12 NAME	Joao C. Leite
STREET ADDRESS	1470 N.W. 107 Ave., Unit V, Box 7	13 STREET ADDRESS	1985 NW 88 Court
CITY ST ZIP	Miami, FL 33172	14 CITY ST ZIP	Miami, FL 33171
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		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	

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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)(k), 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: _____ 5/14/95 305-599-0814
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #