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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000055682**1. Corporation Name

DOJIF, INC.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90035 013 ***150.00



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Suite, Apt. #, etc.	Suite, Apt. #, etc. 22 City & State City & State Zip Country ZEMEL AND KAUFMAN, P.A. 3550 BISCAYNE BLVD. SUITE 603 MIAMI FL 33137 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 11. TITLE D OFFICERS AND DIRECTORS 11. TITLE D D DELETE 11. TITLE L2. NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D D DELETE 22. NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D D DELETE 31. TITLE 22. NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D D DELETE 31. TITLE 22. NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D D DELETE 31. TITLE 32. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D DELETE 31. TITLE 32. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D DELETE 31. TITLE 32. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D DELETE 31. TITLE 32. NAME 33. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D DELETE 31. TITLE 42. NAME 33. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D DELETE 41. TITLE AMME SELEVAN, FRANK STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE D DELETE 41. TITLE 42. NAME 43. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE AMME SELEVAN, FRANK STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE AMME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 TITLE AMME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP AMME AMME STREET ADDRESS AMME AMME AMME AMME AMME AMME AMME AMME AMME	5. Certifcate of Status Desired
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9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 22 EMEL, AND KAUFMAN, P.A. 3550 BISCAYNE BLVD. SUITE 603 MIAMI FL 33137 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 authorated by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorated by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorated by the corporation submits this statement for the purpose of changing its registered agent. In a familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE SIGNATURE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-ZP BLOOM, DOREE 12. NAME 13. STREET ADDRESS 2751 N. MIAMI AVE. 13. STREET ADDRESS 14. CITY-ST-ZP MIAMI FL 33127 DELETE 21. TITLE 22. OFFICERS AND DIRECTORS 22. STREET ADDRESS 2751 N. MIAMI AVE. 23. STREET ADDRESS 2751 N. MIAMI AVE. 33. STREET ADDRESS 2751 N. MIAMI AVE. 34. CITY-ST-ZP MIAMI FL 33127 DELETE 31. TITLE 32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 34. CITY-ST-ZP MIAMI FL 33127 DELETE 31. TITLE 32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 34. CITY-ST-ZP MIAMI FL 33127 DELETE 31. TITLE 32. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 34. CITY-ST-ZP 34. CITY-ST-ZP 34. CITY-ST-ZP 35. CITY-ST-ZP 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 36. CITY-ST-ZP 36. CI	9. Name and Address of Current Registered Agent ZEMEL AND KAUFMAN, P.A. 3550 BISCAYNE BLVD. SUITE 603 MIAMI FL 33137 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature response) 12. OFFICERS AND DIRECTORS 13. TITLE D NAME BLOOM, DOREE STREET ADDRESS CITY. ST-ZIP MIAMI FL 33127 TITLE D NAME EPSTEIN, GIL STREET ADDRESS 2751 N. MIAMI AVE. MIAMI FL 33127 TITLE D NAME STREET ADDRESS 2751 NORTH MIAMI AVE MIAMI FL 33127 TITLE D NAME SELEVAN, FRANK SIREET ADDRESS CITY. ST-ZIP MIAMI FL 33127 TITLE D NAME SELEVAN, FRANK SIREET ADDRESS CITY. ST-ZIP MIAMI FL 33127 TITLE D D DELETE 1. TITLE 1. D D DELETE 1. TITLE 3. STREET ADDRESS CITY. ST-ZIP MIAMI FL 33127 TITLE D D DELETE 4. TITLE A. CITY. ST-ZIP TITLE D D DELETE 4. TITLE A. CITY. ST-ZIP TITLE D NAME SELEVAN, FRANK SIREET ADDRESS CITY. ST-ZIP MIAMI FL 33127 TITLE D D DELETE 4. TITLE 4. 2 NAME 4. 2 NAME 5. TITLE 5. TITLE 5. TITLE 5. TITLE 5. TITLE 5. TITLE 6. TITLE 7. TITLE 7. TITLE 8. TITLE 8. TITLE 9. TIT	10. Name and Address of New Registered Agent
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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 or directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent agriculture required when reinitating) DATE	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re	
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: