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 MAR 23 PM 4:17
SEC... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064849 (0)

1. Corporation Name

GMJ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. SUITE 2930 MIAMI FL 33131-2320	200 S. BISCAYNE BLVD. SUITE 2930 MIAMI FL 33131-2320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report: NEW

2. Principal Place of Business: 21 1084 KANE CONCOURSE
2a. Mailing Address: 26 ← SAME
Suite, Apt. #, etc: 22 / 27
City & State: 23 BAY HARBOR ISLANDS, FL. / 28
Zip: 24 33154 — Country: 25 USA / Zip: 29 — Country: 30

4. FEI Number: 65-0518418 — ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 ____________ 3-20-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	ZAHN, GERI	1.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 2930	1.3 STREET ADDRESS	1546 NE 105th ST.
CITY-ST-ZIP	MIAMI FL 33131-2320	1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	ZAHN, JASON	2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 2930	2.3 STREET ADDRESS	1546 N.E. 105th St.
CITY-ST-ZIP	MIAMI FL 33131-2320	2.4 CITY-ST-ZIP	MIAMI SHORES, FL. 33138
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 on an attachment with an address.

SIGNATURE: [signature] JASON ZAHN, ST 3-20-95 (305) 864 6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #