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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000081838 (2)**
1. Corporation Name
C J HOME IMPROVEMENT CORP.

Principal Place of Business Mailing Address

921 N.E. 71ST ST. MIAMI FL 33138 921 N.E. 71ST ST. MIAMI FL 33138

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/08/1994	
22	City & State	27	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RAMEIZ, CHRISTOPHER J 921 N.W. 71ST ST. MIAMI FL 33138				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		1.2 NAME	PRES., VICE-PRES,
STREET ADDRESS		1.3 STREET ADDRESS	TREASURER
CITY - ST - ZIP		1.4 CITY - ST - ZIP	CHRISTOPHER J. RAMEIZL
TITLE		2.1 TITLE	921 N.E. 71 ST
NAME		2.2 NAME	MIAMI, FL
STREET ADDRESS		2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	DIRECTOR, SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	DAVID ALAN CORNETT
CITY - ST - ZIP		3.4 CITY - ST - ZIP	921 N.E. 71 ST
TITLE		4.1 TITLE	MIAMI, FL
NAME		4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 checked, or on an attachment with an address.

SIGNATURE: *C J Rameizl* 3-15-95 305-754-3553
Signature and typed or printed name of signing officer or director (Date) (District Office #)