

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000003948 (3)

1. Corporation Name

D.J.'S ONLY REMIX POOL INC.

Principal Place of Business

8165 N.W. 74TH AVENUE  
MIAMI FL 33166

Mailing Address

8165 N.W. 74TH AVENUE  
MIAMI FL 33166



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

4. FEI Number

65-0548731

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

DIAZ, MARIA L  
113 KETCH DRIVE  
SUNRISE FL 33326

81 Name

ARISTIDES RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

113 KETCH DR.

83

84 City

SUNRISE

FL

85 Zip Code

33326

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

ARISTIDES RODRIGUEZ

DATE

4/24/96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent's signature required when re-registering)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME RODRIGUEZ, ARISTIDES  
STREET ADDRESS 113 KETCH DR.  
CITY-ST-ZIP SUNRISE FL 33326

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME DIAZ, MARIA L  
STREET ADDRESS 113 KETCH DR.  
CITY-ST-ZIP SUNRISE FL 33326

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME NATALIE RODRIGUEZ  
2.3 STREET ADDRESS 113 KETCH DR.  
2.4 CITY-ST-ZIP SUNRISE FL 33326

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 its 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. I changed or corrected any information with an address.

SIGNATURE:

ARISTIDES RODRIGUEZ PRESIDENT

Date

Daytime Phone #

CR2E034 (12/95)