

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG 20 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007407 (6)

1. Corporation Name

KJ INVESTMENTS INC.



Principal Place of Business

8901 S.W. 93RD AVE.
MIAMI FL 33176

Mailing Address

8901 S.W. 93RD AVE.
MIAMI FL 33176-2000

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 2666 BRICKELL AVE

Suite, Apt. #, etc.

22 3RD FLOOR

City & State

23 MIAMI, FL

Zip

24 33129

Country

25 USA

2a. Mailing Address

26 2666 BRICKELL AVE

Suite, Apt. #, etc.

27 3RD FLOOR

City & State

28 MIAMI, FL

Zip

29 33129

Country

30 USA

4. FEI Number

APPLIED FOR 59-3147463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

SEIGNER, OSCAR
8901 S.W. 93RD AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

KALILI, JACOB

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

810 FORTUNE/BRICKELL DAYVIEW

83

2666 BRICKELL AVE, 3RD FLOOR

84 City

MIAMI

FL

85 Zip Code

33129

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

Signature, typed, printed name of registered agent and title of applicant

(NOTE: Registered Agent's signature required when resigning)

6/24/97

12. OFFICERS AND DIRECTORS

TITLE

PD
NAME
KALILI, JACOB
STREET ADDRESS
9301 S.W. 93RD AVE.
CITY-ST-ZIP
MIAMI FL 33176

TITLE

STD
NAME
KALILI, SILVIA
STREET ADDRESS
9301 S.W. 93RD AVE.
CITY-ST-ZIP
MIAMI FL 33176

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

6/24/97 305-857-3625

CR2E034 (9/96)