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 # **P95000010802 (3)**

1. Corporation Name

C.J.F. 5, INC.

Principal Place of Business
6915 RED RD
SUITE #211
CORAL GABLES FL 33143

Mailing Address
6915 RED RD
SUITE #211
CORAL GABLES FL 33143

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0555575 ☐ 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

VALENTI, CHARLES J JR
6915 RED RD
SUITE #211
CORAL GABLES FL 33143

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	PD	☐	☑
1.2 NAME	JAMES JOHNSON		
1.3 STREET ADDRESS	6915 RED ROAD #211		
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33143		
2.1 TITLE	STD	☐	☑
2.2 NAME	CHARLES VALENTI, JR.		
2.3 STREET ADDRESS	6915 RED ROAD #211		
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33143		
3.1 TITLE	VD	☐	☑
3.2 NAME	FRANK VALENTI		
3.3 STREET ADDRESS	6915 RED ROAD #211		
3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33143		
4.1 TITLE	VD	☐	☑
4.2 NAME	ROBERT DE TCHON		
4.3 STREET ADDRESS	6915 RED ROAD, #211		
4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33143		
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			

CR2E034 (12/95)

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 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] James Johnson 3/18/96 (305) 284-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #