

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 # P95000018397 (6)

1. Corporation Name

PJJ PROPERTIES, INC.



Principal Place of Business

RIVERGATE PLAZA, SUITE 300
444 BRICKELL AVE.
MIAMI FL 33131

Mailing Address

RIVERGATE PLAZA, SUITE 300
444 BRICKELL AVE.
MIAMI FL 33131

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

33131

USA

4. FEI Number

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

MERKIN, STEWART A
444 BRICKELL AVE.
SUITE 300
MIAMI FL 33131

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

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. 1. TITLE ☐ DELETE

NAME
JABLAN, PHILIPPE
STREET ADDRESS
444 BRICKELL AVE. #300
CITY-ST-ZIP
MIAMI FL 33131

2. 1. TITLE ☐ DELETE

NAME
JABLAN, BOZANA
STREET ADDRESS
444 BRICKELL AVE. #300
CITY-ST-ZIP
MIAMI FL 33131

3. 1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. 1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. 1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. 1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☒ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
ASST SECRETARY
STEWART A. MERKIN
444 BRICKELL AVE #300
MIAMI, FL 33131

2. 1. TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 the receiver or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STEWART A. MERKIN, ASST. SECY 1/19/96 (205) 356-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Evening Phone #

CR2E034 (12/95)