

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035624 (2)

1. Corporation Name

CJR HOLDINGS, INC.



Principal Place of Business

2151 LEJEUNE RD., MEZZANINE
CORAL GABLES FL 33134

Mailing Address

2151 LEJEUNE RD., MEZZANINE
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 3601 SW 137 AVE
Suite, Apt. #, etc.

26 3601 SW 137 AVE
Suite, Apt. #, etc.

22 City & State
MIAMI FL

27 City & State
MIAMI FL

23 Zip Country
33027 USA

28 Zip Country
33027 USA

24 33027 25 USA

29 33027 30 USA

9. Name and Address of Current Registered Agent

WILSON, J. EVERETT
2151 LEJEUNE RD., MEZZANINE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

4. FET 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

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:

(Signature typed or printed name of registered agent must be typed or printed)

(Printed Name of New Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	WILSON, J. EVERETT
STREET ADDRESS	2151 LEJEUNE RD., MEZZANINE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	NO LONGER DIRECTOR
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	ANA TORRES
2.4 CITY-ST-ZIP	3601 SW 137 AVE MIAMI FL 33027
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 this 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 typed or printed name of signing officer or director)

7/16/96 (305) 688-5803

CR2E034 (12/95)