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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000041678

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90257 034 ***150.00

C. J. G.	J. INC.					
Principal Plac	e of Business	Mailing Address			ili entit nåtti Pidat tinin att	() (ass: 1911 1981
933 W 49 ST		528 W 45 PL		,		
Suite 103 Hialeah1fl=33	112	HIALEAH FL 33012		DO NOT WRIT	TE IN THIS SPACE	
U\$				3. Date Incorporated or Qualified		
	•			05/22/1995		
	lace of Business	2a. Mailing Address		4. FEI Number)	pplied For
	5 W 49 5+	26		65-0584698		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1 7	Additional Required
City & Stat		City & State		Election Campaign Financing	\$5.00	
		28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the curre	ent year Intangible	
24 33C			30	Personal Property Tax.	⊠ /Yes	□No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
PI. C	CARLOS A					
528 W 45 PL		82 Street Add	lress (P.O. Box Number is Not Accepta	ible)		
HIAL	EAH FL 33012		83			
						Cada
	•		84 City		FL '	Code
	•		l l			
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the	purpose of changing i	ts registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im far fillar with, and accept the obligati	2 and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori	es, the above-named corrections the corporation of	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing in the appointment as	s registered egistered
11. Pursuant office or ragent. I a	lesto !	16 Carlos	K-1. //1	poration submits this statement for the ion's board of directors. I hereby acceptions, it is not the statement for the ion's board of directors.	4-123149	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating)	4-123199 DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: I	K-1. //1	Mes, dent	4-123199 DATE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agents OFFICERS ANI	t and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD PI, CARLOS A	t and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE 12 NAME	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD PI, CARLOS A 528 W 45 PL	t and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSD PI, CARLOS A 528 W 45 PL	and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSD PI, CARLOS A 528 W 45 PL	and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 12 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	ed when reinstating)	DATE FICERS AND DIRECT	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD PI, CARLOS A 528 W 45 PL	T and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 12 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	ed when reinstating)	DATE FICERS AND DIRECT Change	ORS IN 12 Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSD PI, CARLOS A 528 W 45 PL	T and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECT Change	ORS IN 12 Addition Addition
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR