

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000058511 (3)**

1. Corporation Name
D.L.J. INVESTMENTS, INC.



Principal Place of Business: **848 BRICKELL AVENUE SUITE 1000 MIAMI FL 33131**
Mailing Address: **848 BRICKELL AVENUE SUITE 1000 MIAMI FL 33131**

3. Date Incorporated or Qualified: **07/27/1995** 3a. Date of Last Report

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

21. Principal Place of Business: Subj. Apt. #, etc. _____
22. City & State: _____
23. Zip: _____ County: _____
24. _____

25. _____

26. Mailing Address: Subj. Apt. #, etc. _____
27. City & State: _____
28. Zip: _____ Country: _____
29. _____
30. _____

9. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. SECOND AVENUE
SUITE 900
MIAMI FL 33131**

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, 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 of Registered Agent

Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: DELETE

NAME: **D ARDID, JOSE**

STREET ADDRESS: **848 BRICKELL AVENUE, SUITE 1000**

CITY, ST, ZIP: **MIAMI FL 33131**

2. TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

3. TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

4. TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

5. TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. NAME: _____

3. STREET ADDRESS: _____

4. CITY, ST, ZIP: _____

5. TITLE: Change Addition

6. NAME: _____

7. STREET ADDRESS: _____

8. CITY, ST, ZIP: _____

9. TITLE: Change Addition

10. NAME: _____

11. STREET ADDRESS: _____

12. CITY, ST, ZIP: _____

13. TITLE: Change Addition

14. NAME: _____

15. STREET ADDRESS: _____

16. CITY, ST, ZIP: _____

**500001727635
-02/29/96--01022--020
***200.00**

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. I am an officer or director of the corporation, or a partner 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 omitted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/96

(305) 377-1001

City of Florida