FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060256 (1)

FILED Mar 04 1998 8:00am Secretary of State

1. Corporation C.E.J.	INVESTMENTS, INC.	(1)			
Principal Plac	e of Business	Mailing Address			INIT BONIO (1804 DIVIN BINI 1891
2314 NW 100) ST	2314 NW 100 ST			
MIAMI FL 33147 MIAMI FL 33147					
				@O NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal C	Place of Business	2a. Mailing Address		08/04/1995 4. FEI Number	
	Tace of business	 		65-0376987	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
M/	ARTIN, THADDEUS		81 Name		
12	60 NW 191 ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ML	AMI FL 33169		000()	side (1.10; Box) (difficult library (contracts)	
			83		
			84 City		
			O4 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-named co	rporation submits this statement for the purpose	of changing its registered
office of r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607. 0505 , Fl	authorized by the corpora Iorida Statutes.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	,				
	Signature, typed or printed name of registered a		TE: Registered Agent signature requ		
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	MANGON CURIOTORIUM	☐ DELETE	1.1 TITLE		Change Addition
NAME	MANSON, CHRISTOPHER		1.2 NAME		
STREET ADDRESS	2314 NW 100 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	F7 66 55	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		ריין מנוננונ	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
		Fi procie	•		C cusuite C Montion
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CFTY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.1 NAME		
			5.3 STREET ADDRESS		13/11
STREET ADDRESS			= 3.5 2 (REF ADDRESS)		- // DAILY
CITY-ST-ZIP					3/4
		☐ DELETE	5.4 C(TY-ST-ZIP	·	Change Addition
TITLE		DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE	8000024471	☐ Change ☐ Addition
TITLE NAME		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	8000024471 -03/04/98010940	Change Addition
TITLE		☐ DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE	8000024471 -03/04/98010940 ***150.00	Change Addition

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 an an attachment with an address.

305-696-7636