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 # **P95000073395 (2)**

1. Corporation Name

CLJ INVESTMENTS, INC.

Principal Place of Business: ~~19090 N.E. 20TH CT. NORTH MIAMI BEACH FL 33179~~ see agent below

Mailing Address: ~~19090 N.E. 20TH CT. NORTH MIAMI BEACH FL 33179~~ see agent below

3. Date Incorporated or Qualified: 09/21/1995

3a. Date of Last Report:

2. Principal Place of Business

21 10001 W. BAY HARBOR DR.

Suite, Apt. #, etc. 22 # 201

City & State 23 BAY HARBOR ISLAND FL

Zip 24 33154 Country 25 FLORIDA

2a. Mailing Address

26 10001 W. BAY HARBOR DR.

Suite, Apt. #, etc. 27 # 201

City & State 28 BAY HARBOR ISLAND FL

Zip 29 33154 Country 30 FLORIDA

4. FEI Number: 65-0610 958 ☐ 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

FABRIKANT, MICHAEL R
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: STUART KALISHMAN

82 Street Address (P.O. Box Number is Not Acceptable): 17395 NO. BAY ROAD # 206

83

84 City: MIAMI BEACH FL 85 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] DATE 2-14-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HUTCHINSON, CARMEN	
STREET ADDRESS	~~19090 N.E. 20TH CT.~~ New address	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33179~~ 10001 W. BAY HARBOR DR. # 201 BAY HARBOR ISLAND, FL 33154	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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***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; 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.

SIGNATURE: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 02/14/96 DATE X (305) 935-1040 DAYTIME PHONE

CR2E034 (12/95)