

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

0269521

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

05-03-1999 90127 027 \*\*\*150.00  
05-03-1999 90127 028 \*\*\*\*\*8.75

DOCUMENT # P95000076953

1. Corporation Name  
LJO INC



Principal Place of Business: 15162 SW 92 TER MIAMI FL 33186  
Mailing Address: 15162 SW 92 TER MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1995  
4. FEI Number: 65-0611535  
5. Certificate of Status Desired: [X] Applied For, [ ] Not Applicable  
6. Election Campaign Financing: [ ] \$8.75 Additional Fee Required  
7. Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes, [X] No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
KAVADAS, LISA  
15162 SW 92 TER  
MIAMI FL 33186

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: Lisa H. Kavadas, 4/28/99  
(NOTE: Registered Agent signature required when reinstating)

Table with 12 rows for Officers and Directors. Includes names like KAVADAS, LISA, CHANEY, JOHN, GREEN, NOEL.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for title, name, street address, city-st-zip.

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: Lisa H. Kavadas, 4/28/99 (305) 256-4466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)