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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # P95000081603 (9)

JENIJU INVESTMENTS, INC.

## **FILED** Apr 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 3801 ALHAMBRA CIRCLE 3801 ALHAMBRA CIRCLE CORAL GABLES FL 33134 CORAL GABLES FL 33134-6219										
1		•				3. Date Incorporated or Qualified 10/23/1995	3a. Date 0	f Last F 1996	Report	
2. Principal F	Place of Business	2a. Mailing Address				A CCI Alumbas	616308	A	pplied For lot Applicable	
Suite, Apt.	. <b>#,</b> etc.	Suite, Apt. #, etc.			<del>78-1</del>	5, Certificate of Status Desired	SR 75 Additional			
City & Star	te	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
7ip	Country 25	Zip 29	Cou	ntry	***************************************	B. This corporation has liability for		under s		
	g. Name and Address of Curren					10. Name and Address of New I	Registered Age	nt		
TOP	rrent, ernesto v			61	Name					
3801 ALHAMBRA CIRCLE CORAL GABLES FL 33134				62	Street Addr	ress (P.O. Box Number is Not Acceptable)				
				83						
			Ì	84	City		FL	<b>5</b> Zip	Code	
office of agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig signature types or proced care of registered ag	e of Florida, Such change was lations of, Section 607,0505, f	s authorized Florida Stati	d by utes	the corporat	ion's board of directors. I hereby acc	ept the appoint	ment as	s registered	
12.		D DIRECTORS	13,			ADDITIONS/CHANGES TO OFF				
TITLE	TORRENT, ERNESTO V	☐ DELETE	1117				L	Change	Addition	
NAME	3801 ALHAMBRA CIRCLE		1 2 NA		*PPOCOD					
STREET ADDRESS	CORAL GABLES FL 33134				ADDRESS					
CITY-ST-ZIP	D	DELETE	1.4 CF		II- EIF			Change	Addition	
NAME	TORRENT, MARIA R		2.2 NA				·····	-		
STREET ADDRESS	3801 ALHAMBRA CIRCLE		2.3 S7	REET	ADDRESS				•	
CITY+ST-ZIP	CORAL GABLES FL 33134		2. 4 CI	ITY - S	ST - ZIP		· ·			
TITLE		☐ DELETE	3.1 T()				L	Change	Addition	
NAME			3.2 NA		ADDDCCC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. Ci		ST-ZIP			Change	Addition	
NAME			4. 2 N		-			-		
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY - ST - ZIP			4.4 CI	1Y-\$	T-ZIP					
TITLE		DELETE	5.1 10	TLE				Change	Addition	
NAME:			5.2 NA							
STREET ADDRESS			- 1		ADDRESS					
CITY - ST - ZIP		DELETE			1-2IP			Change	Addition	
TITLE		Utilit	6.1 Til					Outrige	L_ Addition	
NAME CTOCKT ADDRESS			6.2 NA		ADDRESS					
STREET ADDRESS		/			T-ZIP					
CITY - S1 - ZIP	the seast to the table independence are relied	Culti this files does at all				d in Castion 119 07/3Vi) Florida Stat.	itae   further car	difu the	t the	

I do 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 of 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 of 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.