

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

FILED
Jan 21 1998 8:00am
Secretary of State

DOCUMENT # P96000005781 (5)

1. Corporation Name

CJC INTERNATIONAL SERVICES, INC.



Principal Place of Business

Mailing Address

4921 S.W. 154TH PLACE
MIAMI FL 33185

4921 S.W. 154TH PLACE
MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8745 N.W. 100TH STREET

Suite, Apt. #, etc.

22

City & State

23 MEDLEY, FLORIDA

Zip

24 33178-1455

Country

25 U.S.A.

2a. Mailing Address

26 8745 N.W. 100TH STREET

Suite, Apt. #, etc.

27

City & State

28 MEDLEY, FLORIDA

Zip

29 33178-1455

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

65-0634923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEBRIJA, JUAN C
4921 S.W. 154TH PLACE
MIAMI FL 33185

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
LEBRIGA, JUAN C
STREET ADDRESS 4921 S.W. 154TH PLACE
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE

NAME D
MUNOZ, CELIA
STREET ADDRESS 6251 WEST 24TH AVENUE #104
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE

D/P/S

☒ Change ☐ Addition

1.2 NAME

LEBRIJA, JUAN C

1.3 STREET ADDRESS

4921 S.W. 154TH PLACE

1.4 CITY-ST-ZIP

MIAMI, FL 33185

2.1 TITLE

D/V/T

☒ Change ☐ Addition

2.2 NAME

MUNOZ, CELIA

2.3 STREET ADDRESS

7001 W. 35TH AVENUE #229

2.4 CITY-ST-ZIP

HIALEAH, FL 33018

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

JUAN CARLOS LEBRIJA

01-08-98

305/885-8111

CR2E034 (10/97)