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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073192 (2)

1. Corporation Name

Z.J.I., INC.

Principal Place of Business

1200 W. AVE. #804
MIAMI BEACH FL 33139

Mailing Address

1200 W. AVE. #804
MIAMI BEACH FL 33139-4317



3. Date Incorporated or Qualified
09/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 5005 COLLINS AVE

2a. Mailing Address

26 5005 COLLINS AVE

Suite, Apt. #, etc.

22 303

Suite, Apt. #, etc.

27 303

City & State

23 MIAMI BEACH FL

City & State

28 MIAMI BEACH FL

Zip

24 33140

Country

25 Dade

Zip

29 33140

Country

30 Dade

9. Name and Address of Current Registered Agent

DOUJEJI, JIHAD E
1200 W. AVE. #804
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

DOUJEJI JIHAD E

82 Street Address (P.O. Box Number is Not Acceptable)

5005 COLLINS AVENUE

83 # 303

84 City

MIAMI BEACH FL

85 Zip Code

33140

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 of current registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV ☐ DELETE

NAME DOUJEJI, JIHAD E

STREET ADDRESS 1200 W. AVE. #804

CITY - ST - ZIP MIAMI BEACH FL 33139

TITLE DST ☐ DELETE

NAME DOUJEJI, IMAD

STREET ADDRESS 1200 W. AVE. #804

CITY - ST - ZIP MIAMI BEACH FL 33139

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0191516

CR2E034 (9/96)