

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90063 039 ***150.00

0186694

DOCUMENT # P97000000325

1. Corporation Name
APJS, INC.

Principal Place of Business

540 BRICKELL KEY DRIVE
UNIT 1514
MIAMI FL 33131

Mailing Address

540 BRICKELL KEY DRIVE
UNIT 1514
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1996

4. FEI Number

65-0719976

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

BONILLA, SCOTT M

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

1412 ALGERIA AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

2. Principal Place of Business

21 3301 CORAL WAY

2a. Mailing Address

26 1412 ALGERIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 02

27

City & State

City & State

23 MIAMI FL

28 CORAL GABLES FL

24 33145 25 USA

29 33134 30 USA

9. Name and Address of Current Registered Agent

BONILLA, SCOTT M
540 BRICKELL KEY DRIVE
UNIT 1514
MIAMI FL 33131

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

P

☐ DELETE

NAME

BONILLA, ALLAN

STREET ADDRESS

7850 SW 86TH ST #14

CITY-ST-ZIP

MIAMI FL 33143

TITLE

VP

☐ DELETE

NAME

BONILLA, SCOTT

STREET ADDRESS

540 BRICKELL KEY, #1514

CITY-ST-ZIP

MIAMI FL 33131

TITLE

VP

☐ DELETE

NAME

BONILLA, JEFFREY

STREET ADDRESS

467 CENTRAL PARK WEST, #8E

CITY-ST-ZIP

NY NY 10025

TITLE

S

☐ DELETE

NAME

BONILLA, PATRICIA

STREET ADDRESS

7850 SW 86TH ST #14

CITY-ST-ZIP

MIAMI FL 33143

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/99 (305) 567-2918

CR2E034 (1/98)