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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

DIVISION OF CORPORATIONS

DOCUMENT # P9700060134 1. Corporation Name

C.N.J. CORP.

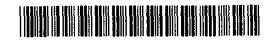
Principal Place of Business

FLORIDA DEPARTMENT OF STATE

Secretary of State

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

04-30-1999 90184 023 ***158.75



3901 S.W. 112TH AVENUE #31 MIAMI FL 33165	3901 S.W. 112TH AVENUE #31 MIAMI FL 33165		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 07/10/1997	HIS SPACE		
2. Principal Place of Business 21 3 901 Sw 113 Ave #31	2a. Mailing Address 26 3901 Sw [13	A Ave	4. FEI Number 65-0767333	Applied For Not Applicable		
Suite, Apt. #, etc. 22 MIAMI, FL	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	28 MiAni FL.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25	Zip Co 29 33/65 30	untry V-5-A	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
SANCHEZ, NELSON 3901 S,W. 112TH AVENUE		81 Name 82 Street Ad	ducco (D.O. Boy Number in Net Acceptable)			
		82 Street Address (P.O. Box Number is Not Acceptable)				
#31 MIAMI FL 33165		83		V-		
MICHAEL I E CO ICO		84 City	F	L 85 Zip Code		
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	2 and 607.1508, Florida Statutes, the a of Florida. Such change was authorize	above-named con	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, trood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	S DELETE	1.1 TITLE		☐ Change	Addition				
	DELGADO, J	1.2 NAME			1				
NAME	•	1.3 STREET ADDRESS							
STREET ADDRESS	7530 SW 82 ST								
CITY-ST-ZIP-	MIAMI FL 33165 .	1.4 CITY-ST-ZIP		☐ Change	Addition				
TITLE		2.1 TITLE		El ouarigo					
NAME	DELGADO, JORGE	2.2 NAME							
STREET ADDRESS	7530 S.W. 82ND ST. #G-202	2.3 STREET ADDRESS							
C/TY-ST-Z/P	MIAMI FL 33165	2.4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME .		3.2 NAME							
STREET ADDRESS	,	3.3 STREET ADDRESS]				
CITY-ST-ZIP		3.4. CITY-ST-ZIP			_				
TITLE	DELETE	4.1 TITLE		Change	Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS	•		ľ				
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	DELETE	5.1 TITLE		☐ Change	Addition				
NAME	•	5.2 NAME							
STREET ADDRESS	•	5.3 STREET ADDRESS							
CITY-ST-ZIP	_	5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		Change	Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Carting 440 07/3\/i) Election Statuton	15 11 11 11 11 11					

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