	Pl	_EASE READ	ALL INST	RUCTK	ONS	BEFORE C	OMPLETI	NG THIS FO	RM.		
APPLICATION FLORIDATE FOR S					CEPART AENT OF STATE Kernering from Secretary of State ISION OF CORPORATIONS						
DOCUMENT # P98000035593 1. Corporation Name C.J. DEVELOPMENT OF SOUTH FLORIDA, INC.							99 NOV - 1 PM 2: 48				
10	NAMI,	FL 3317;	470 D		d enter c	orrection below.					
2 New Prin	ncipal Office Add	3. New Maili	ng Office Add			4. Date incorporated or Qualified To Do Business in Florida					
Suite, Apl i						FEI Number Applied			Applied For		
Zip Country			Zip				6. SB 75 Additional being prod			ddhood been goed	
7 Names a	and Street Addres	sses of Each Officer an	d/or Director (Flo	rida nonprofit	corporal	tions must list at lea				cities de of Status	
Title(s)	Name of Officers and/or Directors			Officer and/or Director			City / State / Zip				
PSTD JESUS CAMARAZ			ZA				B000030402681 -11/09/93 01089019 -11/09/93 01089019 ****150.00 ****150.00				
:	A Name a	nd Address of Curren	t Registered Age	n1			Q. Name and A	dress of New Regis	lered Acen		
		Mailing Address SW 72 ST. #470 D N, FL 33173 re incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information and enter correction below. If incorrect in any way, line through incorrect information below. If incorrect in any way, line through incorrect information in any way in any information in any way in any information in any way in any information in any way. If incorrect information in any way, line through information in any way in any information in any information in any way in any information in									
10 I, being Signature o Registered	or ()	gistered agent of the a yplaPen	nia &			h and accept the ol	bligations of Secti		199		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for information on intangible lax.)											
this rein owed by	istatement applica y the corporation	stion, the reason for dis have been paid and th	isolution has been e names of individ	eliminated, ti uals listed on	he corpo this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401,	F.S., that all fees	
SIGNAT		TIME AND TYPED OR P	JESUS PRINTED NAME OF E	CAN BIGNING OFFI	AR CER OR D	AZA HRECTOR	10/5	99 305 Date	S 271 Daytime	4-4727	