**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P98000063961

1. Corporation Name

**GJA CORPORATION** 

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 010 \*\*\*150.00



Principal Place of Business Mailing Address						-	<b>alian i</b> iki <b>n</b> i <b>a</b> ika		
1455 N.E. 180TH STREET 1455 N.E. 180TH STREET			ET			,			
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162				32		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/21/1998			
2. Principal Place of Business 2a. Mailing Address			<del></del>		_	4 EEI Number	I An	plied For	
						65-0855025	<del></del>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			_		\$8.75 A		
22	,, 515.	27				5. Certifcate of Status Desired	Fee Re	quired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip Cour				8. This corporation owes the current year Intangible			
24	25 29 30					Personal Property Tax. Yes No			
Name and Address of Current Registered Agent					<del></del> .	10. Name and Address of New Registered	Agent		
				81	Name				
ZUNIGA, JOHN J			82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
1455 N.E. 180TH STREET NORTH MIAMI BEACH FL 33162									
NOA	IT MIAMI BEAUTI FL 33 102			83		•			
Į.				84	City	·FI	85 Zip (	Code	
		<del></del>				FL		cistored	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the poffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept								gistered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE  Slonature, typed 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 age	nt and title if applicable. (	NOTE: Registered	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	PTD	DELETI		TLE		1,001,010,010	☐ Change	☐ Addition	
NAME	TAMAYO, ALEXANDRA		1.2 N			•			
STREET ADDRESS	1455 N.E. 180TH STREET		1		ADORESS			ļ	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3310	62		TY-ST					
TITLE	VSD	DELETI					Change	☐ Addition	
NAME	ZUNIGA, JOHN J 22N		AME				ļ		
STREET ADDRESS	1455 N.E. 180TH STREET		2.3 \$1	TREET	ADDRESS			l	
CITY-ST-ZIP				ITY-S1	T-ZIP				
TITLE		DELET				~	Change	Addition     Addition	
NAME .			3.2 N	4ME				İ	
STREET ADDRESS			3.3 ST	TREET	ADDRESS			\	
CITY-ST-ZIP			3.4. C	ITY- \$1	T-ZIP				
TITLE		☐ DELET	E 4.1 TI	TLE			☐ Change	☐ Addition	
NAME .			4. 2 N	AME					
STREET ADDRESS			4.3 S	TREET	ADORESS			\	
CITY-ST-ZIP				TY-ST	r-zip				
TITLE		☐ DELET					☐ Change	Addition	
NAME			5.2 N/						
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP				TY-ST	r-zip				
TITLE		☐ DELET			1		Change	Addition	
NAME			6.2 N/						
STREET ADDRESS					ADDRESS	•	•	ĺ	
CITY-ST-ZIP			6.4 CI	ITY-ST	I-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, with all other like empowered.

SIGNATURE: