

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

0002017

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90015 006 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000100712**

1. Corporation Name  
**AJP INC., OF DADE COUNTY**



Principal Place of Business <b>407 LINCOLN ROAD SUITE 5-B MIAMI BEACH FL 33139</b> <i>3304 Mallard Close Pompano Beach, FL 33064</i>	Mailing Address <b>407 LINCOLN ROAD SUITE 5-B MIAMI BEACH FL 33139</b> <i>3304 Mallard Close Pompano Beach, FL 33064</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>12/03/1998</b>	
		4. FEI Number <b>65-0878371</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRITO, LUIS G</b> <b>407 LINCOLN ROAD</b> <b>SUITE 5-B</b> <b>MIAMI BEACH FL 33139</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Ilene Althaus-Polito</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>* ALTHAUS, ILENE</b>		1.2 NAME	
STREET ADDRESS <b>407 LINCOLN ROAD 5B</b>		1.3 STREET ADDRESS <b>3304 Mallard Close</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>		1.4 CITY-ST-ZIP <b>Pompano Beach, FL 33064</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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:

*Ilene Althaus-Polito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

P98000100712  
588278-92015-6

***Brito & Brito Accounting***

*407 Lincoln Road, Suite 5-6*

*Miami Beach, FL 33139*

*Corporate Accounting and Business Development*

*Tel: (305) 534-9292/ Fax: (305) 534-7534*

**Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500**

**July 7, 1999**

**Ref.: AJP, Inc.  
P98000100712**

**Dear Sir or Madam:**

**Please find accept check for \$150.00 for the renewal of corporation stated above.**

**There address on the renewal form was incorrect.**

**Sincerely,**

  
**George Brito  
Accountant**

**GB/irp**