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

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90033 043 ***150.00

DOCUMENT # P98000105547

CJR INTERNATIONAL, INC.					
Principal Place of Business	Mailing Address			I MOTEL BYING MILY MINIT JOH	1881
2801 NW 74TH AVE.	2801 NW 74TH AVE.				
#209 ×	#209		DO NOT WRITE IN TH	IIC CDACE	
MIAMI FL 33122	MIAMI FL 33122		3. Date Incorporated or Qualifed	IS SPACE	
			12/21/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied F	or
21 2801 NW 74 Ave	26 2801 NW 74	Ave	1	Not Appli	cable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	···-	5. Certificate of Status Desired	\$8.75 Addition	
<u># 219</u>	27 # 219		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May B	
23 Miami FL	28 Miami FL	O-11-1-1	Trust Fund Contribution	Added to Fees	-
Zip Country	Zip 29 33/2 9 30	Country	8. This corporation owes the current year	Intangible ☐ Yes ☑ No	
24 3312 2 25 USA 9. Name and Address of Curr	_	USA	Personal Property Tax. 10. Name and Address of New Registers		
5. Name and Address of Curr	BILL Registered Agent	81 Name	101 110		
ZAHARAS, CHRISTOS JR.					
2801 NW 74TH AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
#209		83 / 4	3.0		
MIAMI FL 33122		** # 2	19	7-0-4-	
		84 City	F	85 Zip Code	
agent. I am familiar with, and accept the obli	te of Florida. Such change was autho	orized by the corboratio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registere	ed }
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Reg	sistered Agent signature required			
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		112 Addition
TITLE D	☐ DELETE	1,1 TITLE		☐ Change ☐ A	NOULIGIT
NAME ZAHARAS, CRISTOS JR.	. 0	1.2 NAME			
STREET ADDRESS 2801 NW 74TH AVE. # 2	17	1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33122	☐ DELETE	1.4 CITY-ST-ZIP		Change /	Addition
TITLE	C DECESE	2.1 TITLE		_ online	}
NAME		2.2 NAME 2.3 STREET ADDRESS	:		
STREET ADDRESS			- → 100 m	- 7	-
CITY-ST-ZIP TITLE	□ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME		32 NAME			ļ
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			į
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ /	Addition
NAME		4. 2 NAME			ļ
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>		
TITLE	☐ DELETE	5.1 TITLE		Change .	Addition
NAME		5.2 NAME			ļ
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CfTY-ST-ZiP			
TITLE	☐ DELETE	6.1 TITLE	_	☐ Change ☐ /	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			

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 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 fecciver of 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF