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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:12

DOCUMENT # **S62902** (9)

1. Corporation Name
C.J.F. GRAND, INC.

Principal Place of Business	Mailing Address
6915 RED ROAD SUITE 211 CORAL GABLES FL 33143	6915 RED ROAD SUITE 211 CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 43-1582642 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

VALENTI, CHARLES J., JR.
9847 S.W. 106TH TERRACE
MIAMI FL 33156

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 6915 Red Road
93 Suite #211
94 City: Coral Gables FL 95 Zip Code: 33143

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: Charles J. Valenti, Jr. Secretary/Treasurer 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES W.	12 NAME		
STREET ADDRESS	9850 SW 69TH COURT	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	VALENTI, CHARLES J., JR.	22 NAME		
STREET ADDRESS	9847 SW 106TH TERR	23 STREET ADDRESS	6915 Red Road, Suite #211	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Coral Gables, FL. 33143	
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	VALENTI, FRANK J.	32 NAME		
STREET ADDRESS	14449 WILLOWBEND PARK	33 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	DE TCHON, ROBERT S.	42 NAME		
STREET ADDRESS	14540 SW 73TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James Johnsen, President 2/16/95 (305) 284-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0153696 CP