FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S62902** **(9)**

1. Corporation Name

C.J.F. GRAND, INC.

Principal Place of Business

6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143

Mailing Address

6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **06/24/1991**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **43-1582642** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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.
6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1504, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JAMES W.		1 NAME	
STREET ADDRESS	9850 SW 69TH COURT		1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	VALENTI, CHARLES J., JR.		2 NAME	
STREET ADDRESS	6915 RED ROAD SUITE 211		2 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	VALENTI, FRANK J.		3 NAME	
STREET ADDRESS	14449 WILLOWBEND PARK		3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO		3 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	DE TCHON, ROBERT S.		4 NAME	
STREET ADDRESS	14540 SW 73TH STREET		4 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, 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 Johnson 3/18/96 (305)284-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)