

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S94035** (0)

1. Corporation Name

WJT CORPORATION

FILED

1995 JUL 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7701 SW 77TH AVENUE
MIAMI FL 33156

Mailing Address

7701 SW 134TH ST
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0295598

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

2. Principal Place of Business
21 7701 SW 134TH ST
MIAMI FL 33156

2a. Mailing Address
26 P.O. BOX 560515
MIAMI FL 33256-0515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SALZMAN, JOEL
7701 S.W. 134TH STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SALZMAN, THEODORE
STREET ADDRESS 11250 SW 60TH CT
CITY- ST- ZIP MIAMI FL

TITLE VD
NAME SALZMAN, WILMA
STREET ADDRESS 7701 SW 134TH ST.
CITY- ST- ZIP MIAMI FL

TITLE STD
NAME SALZMAN, JOEL
STREET ADDRESS 7701 SW 134TH ST.
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME SALZMAN, THEODORE
1.3 STREET ADDRESS 6001 PINE TREE DR
1.4 CITY- ST- ZIP MIAMI BEACH FL 33141

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 change, or on an attachment with an address.

SIGNATURE: *Joel Salzman* JOEL SALZMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/95 (305) 233-7511

Date

(Signature) (Typed Name)