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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V06976 (7)

1. Corporation Name
SJCH INVESTMENTS INC.

Principal Place of Business

660 N.E. 95TH ST.
#1
MIAMI SHORES FL 33138
US

Mailing Address

660 N.E. 95TH ST.
#1
MIAMI SHORES FL 33138-2781
US



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

3. Date Incorporated or Qualified

01/16/1992

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0319943

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

MORRIS, CHESTER H. M P.A.
660 N.E. 95TH ST.
SUITE #1
MIAMI SHORE FL 33138

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ **DELETE**

NAME **MORRIS, CHESTER**
STREET ADDRESS **660 NE 95TH STREET**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE ☐ **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ **Change** ☐ **Addition**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester Morris

Date

Daytime Phone #

305-757-2557

CR2E034 (9/96)