FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

MIAMI FL 33142

3630 N.W. N. RIVER DRIVE

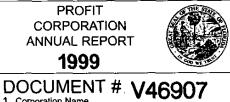
PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

3630 N.W. N. RIVER DRIVE

SIGNATURE:

MIAMI FL 33142



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90172 006 ***150.00

DO NOT WRITE IN THIS SPACE

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&J 1, INC.	

·					06/30/1992					
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	Apr	olied For	
		26					65-0334168	Not	Applicable	
Suite, Apt.	# etc	120	Suite, Apt. #, etc.		_			8.75 A	dditional	
		27					5. Certificate of Status Desired	Fee Re		
City & State		- 21	City & State				6. Election Campaign Financing	\$5.00	May Ro	
—		20	Oily a Otale			•	Trust Fund Contribution	Added to	•	
Zip	Country	28	Zip	Coul	atry		This corporation owes the current year Intangian			
—¬ı ′	, , ,	<u> </u>		_	10. 3				□No	
24	25	29		30			10. Name and Address of New Registered Age			
	9. Name and Address of Current	Regis	stered Agent		81	Name	To. Harrie and Address of New Registered Ago			
MARCILLE, DOUGLAS W					""[Name				
				İ	82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	BRICKELL KEY DRIVE									
	E 406			ĺ	83					
MAIM	VI FL 33131				84	City		5 Zip C	ode.	
				ì	04	City	FL\°	3 200	046	
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statutes	s, the at	ove	a-named cor	rporation submits this statement for the purpose of cha	nging its	registered	
office or r	egistered agent, or both, in the State o	t Flori	da. Such change was aut	lhonzed	by i	the corporat	tion's board of directors. I hereby accept the appointment	ant as reg	jistered	
agent. i a	m familiar with, and accept the obligati	OIIS UI	, Section 607.0505, Fibric	ua Statt	nes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable (NOTE 6	Registered	Agen	t signature regul	red when reinstating) DATE			
12.	OFFICERS AND			13.	4-		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	R\$ IN 12	
TITLE	PD		☐ DELETE	1.1 111	LE.			Change	Addition	
	· · · · · · · · · · · · · · · · · · ·		<u></u>	1.2 NA		i			_	
NAME	GRIFFIN, JAMES J									
STREET ADDRESS	3630 N.W. N. RIVER DRIVE					ADDRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CIT		T-ZIP		Change	Addition	
TITLE	VSD		☐ DELETE	2.1 TIT	LE		L	Change	[] Addidon	
NAME	GRIFFIN, JAMES I			2.2 NA	ME					
STREET ADDRESS	3630:NW N RIVER DR			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		T-ZIP					
TITLE			☐ DELETE	3.1 TIT	LΕ] Change	☐ Addition	
NAME				3.2 NA	ME	}				
STREET ADDRESS				3.3 ST	REET	ADDRESS				
				3.4. CI						
CITY-ST-ZIP TITLE			[] DELETE	4.1 TIT				Change	Addition	
				4.2N				-		
NAME						ADDDECO				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			C DELETE	4.4 CIT		1-ZIP		Change	Addition	
TITLE			☐ DELETE	5.1 TT		ļ	L	1 oueriñe	C) HOUSE	
NAME				5.2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT		T-ZIP				
TITLE			☐ DELETE	6.1 TIT	LE]] Change	☐ Addition	
NAME	*			6.2 NA	ME					
STREET ADDRESS	,			6.3 ST	REET	ADORESS				
•				6.4 CI	ry-si	_{T-ZIP}				
C/TY-ST-ZIP	Legify that the information supplied with	h this f	filing does not qualify for t	the exer	noti	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify	that the ir	nformation	
indicated	on this annual report or supplemental	annua	il report is true and accura	ate and	that	t my signatu	ire shall have the same legal effect as if made under o	atn; tnat i	am an	
officer or Block 12	director of the corporation or the recei or Block 13 if changed, or on an attack	ver pr høgept	with en address, with all	other lik	e er	eport as req mpowered.	juired by Chapter 607, Florida Statutes; and that my na	mie appe	ura III	
DiDUN 12	2, 2.23, 12 , 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	11 6					4 / /-			

ED NAME OF SIGNING OFFICER OR DIRECTOR