

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V48656

(5)

1. Corporation Name

G.O. & J. ENTERPRISES, INC.

Principal Place of Business

469 S.W. 89 AVE.
MIAMI FL 33174

Mailing Address

469 S.W. 89 AVE.
MIAMI FL 33174

3. Date Incorporated or Qualified
07/08/1992

3a. Date of Last Report
04/29/1994

4. FEI Number
59-0343324

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 8418 Coral Way

2a. Mailing Address

26 8418 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33155

Country

Zip

29 33155

Country

30

9. Name and Address of Current Registered Agent

RUIZ, GUILLERMO
469 S.W. 89 AVE.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
RUIZ, GUILLERMO

82 Street Address (P.O. Box Number is Not Acceptable)
8418 CORAL WAY

83

84 City
Miami

FL

85 Zip Code
33155

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 running)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
RUIZ, GUILLERMO
469 S.W. 89 AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
RUIZ, MARIANELA
469 S.W. 89 AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PSD
RUIZ, GUILLERMO
8418 CORAL WAY
MIAMI, FL 33155
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
TD
RUIZ, MARIANELA
8418 CORAL WAY
MIAMI, FL 33155
☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(3)(b), 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

04/28/95 (34) 513-1322
Date Signature #