

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

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State

1995 7-11-95

B-7746-C

DIVISION OF CORPORATIONS

DOCUMENT # **V72533** (5)

1. Corporation Name

**G.J.F., INC.**

Principal Place of Business

Mailing Address

409 ESPANOLA WAY  
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

**FILED**  
95 JUL 11 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1992** 3a. Date of Last Report: **08/09/1994**

4. FEI Number: **65-0354394** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZSIMMONS, GARY  
3 ISLAND AVE., #315-G  
MIAMI BEACH FL 33139

81 Name: **LIZETTE NUNEZ**  
82 Street Address (P.O. Box Number is Not Acceptable): **11 ISLAND AVENUE #1707**  
83  
84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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

*Lizette Nunez*

(NOTE: Registered Agent signature required when re-registering)

DATE: **7/5/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FITZSIMMONS, GARY
STREET ADDRESS	4201 ROYAL PALM AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VP
NAME	FRANKFURT, BARBARA
STREET ADDRESS	2501 LUCRENE AVENUE, SUNSET ISLAND NO. 2
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	PD
NAME	NUNEZ, LIZETTE
STREET ADDRESS	11 ISLAND AVENUE #1707
CITY-ST-ZIP	MIAMI BEACH 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 changed, or on an attachment with an address.

SIGNATURE:

*Lizette Nunez* PD

LIZETTE NUNEZ 4/26/95 532-2921

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Day/night phone #