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

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May 13 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (5) G.J.F., INC. Principal Place of Business Mailing Address 409 ESPANOLA WAY 409 ESPANOLA WAY MIAM BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0354394 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country $Z_{\rm ID}$ This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NUNEZ, LIZETTE 81 NICOLAS VON TS CHARNER 2323 SW 21 AVE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33145** 1881 Washington Ave #40 84 City Mani Beach the above-named corporation submits this statement for the purpose of changing its registered forized by the corporation's beaco of directors. I hereby accept the appointment as registered a Statules. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Stalutes
office or registered agent, or both, in the State of Florida. Such change was au
agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida. 28 (98 NICOLAS VON TSCHARNER VP 100 Signature, typed or printed name of registered agent and title if applicable signature required when relistating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE NICOLAS VON TSCHARNER TITLE 11 TITLE FRANKFURT, BARBARA NAME 1.2 NAME **CR2E034** 1881 Washington Ave # 40 2501 LUCRENE AVENUE, SUNSET ISLAND NO. 2 STREET ADDRESS 1.3 STREET ADDRESS Miami Beach. Florida 33139 MIAMI BEACH FL 33140 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE **NUNEZ, LIZETTE** NAME 2.2 NAME 2323 SW 21 AVE 2.3 STREET ADDRESS STREET ADDRESS **MI**AMI FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 columnation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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