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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

653188

(3)

J. & J. FOOD, INC.

FILED Feb 16 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						4 10011 10 01100 01100 11101 11001 10101 1	DIL DEGIL BIDI	r Bibli Bibli Bi	9KI 81811 1881
171 N.E. 212 STREET 171 N.E. 212 STREET MIAMI FL 33179 MIAMI FL 33179						DO NOT WRITE IN THIS SPACE			
İ					F	3. Date Incorporated or Qualified			
						01/24/1980			
	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		1	4. FEI Number		T A	pplied For
21		26	26						ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	M	\$8.75	Additional
22		27				b. Certificate of Status Desired	<u>1250</u>	Fee R	equired
City & State		City & State	City & State		1	6. Election Campaign Financing		\$5.00	May Be
23		28]				Trust Fund Contribution		Added	to Fees
Žip	Country	Zip _	, <u> </u>			8. This corporation owes or has po		_	'
24	25		10			Personal Property Tax due June		-	J No
	9. Name and Address of Curre	int Registered Agent	8	41 ×4		10. Name and Address of New Re	egistered	Agent	
	NMBERRY, J.M.		l°	Name	ө				
11	0 N.E. 207 STREET		82 Street Adds			(P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33179			8:	3					
			84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	the abov	Ve-name	d corpore	ation submits this statement for the		f changing i	ts registered	
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 pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ND DIRECTORS	Hegislered A	gent signatu	ure required w	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	2S IN 12
TITLE	PD	DELETE	1.1 TITLE		1	ACCITIONO/CHANGES TO CITY	OLITO AITE	Change	Addition
NAME	BRIMBERRY, JAMES N	_	1.2 NAME		•				
STREET ADDRESS	171 NE 212 ST			T ADDRESS	,				-
CITY-SI-ZIP	MIAMI, FL 00000		1.4 CITY						1
TITLE	VD	☐ DELETE	2.1 TITLE					Change	Addition 1
NAME	WILLIAMS, HERMAN K		2.2 NAME					-	· l
STREET ADORESS	6015 N.W. 7TH AVE.		2.3 STREET AL		3				
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY	- ST - ZIP					
TITLE			3.1 TITLE					Change	☐ Addition
NAME	BRIMBERRY, J MALTRIA 3.2		3.2 NAME						l
STREET ADDRESS	171 NE 212 ST		3.3 STREE	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY	-S1-ZIP					
TITLE	DELETE 4.		4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAM	Ē					l
STREET ADDRESS	RESS		4.3 STREET ADDRESS		; 				ļ
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						ļ
STREET ADDRESS				5.3 STREET ADDRESS					}
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						1
STREET ADDRESS				T ADDRESS	; <u> </u>				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP					

14. I 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 eath; that I am an officer or director of the corporation of 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, and that my name address.

SIGNATURE: