

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90036 009 \*\*\*300.00

**DOCUMENT # H29708**

1. Corporation Name

**JETRO CASH AND CARRY ENTERPRISES OF FLORIDA, INC**

Principal Place of Business

15-24 132 ST  
COLLEGE POINT NY 11356  
US

Mailing Address

15-24 132 ST  
COLLEGE POINT NY 11356  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1984

4. FEI Number

59-2474469

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

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEISHMAN, STANLEY**  
2041 N.W. 12TH AVE.  
MIAMI FL 33131

81 Name

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

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS ☐ DELETE

NAME RUBANENKO, SAMUEL B.  
STREET ADDRESS 2041 N.W. 12TH AVE.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2300 5TH ST.  
1.4 CITY-ST-ZIP VERNON, CA 90058

TITLE V ☐ DELETE

NAME LEBOWITZ, MORRIS  
STREET ADDRESS 575 EIGHTH AVENUE  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 15-24 132ND ST.  
2.4 CITY-ST-ZIP COLLEGE POINT NY 11356

TITLE P ☐ DELETE

NAME FLEISHMAN, STANLEY  
STREET ADDRESS 2041 N.E. 12TH AVE.  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2041 N.W. 12TH AVE.  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME KIRSCHNER, RICHARD  
STREET ADDRESS 575 EIGHTH AVE  
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 15-24 132ND STREET  
4.4 CITY-ST-ZIP COLLEGE PT., NY 11356

TITLE ☐ DELETE

NAME ☐ Change ☒ Addition  
STREET ADDRESS CFO  
CITY-ST-ZIP BRIAN EMMERT  
15-24 132ND ST.  
COLLEGE PT., NY 11356

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(718) 762-8700

Date

Daytime Phone #

CR2E034 (11/98)