

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 24, 1999 8:00 am
Secretary of State

03-24-1999 90004 029 ***150.00

DOCUMENT # J31293

1. Corporation Name

J. PINON ENTERPRISES, INC.

Principal Place of Business

9921 N.W. 80TH AVENUE
BAY 1-N
HIALEAH GARDENS FL 33016
US

Mailing Address

9921 N.W. 80TH AVENUE
BAY 1-N
HIALEAH GARDENS FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1986

4. FEI Number

59-2716774

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1651 West 37 St.,
Suite, Apt. #, etc.

2a. Mailing Address

26 1651 West 37 St.,
Suite, Apt. #, etc.

22 # 410

27 # 410

City & State

23 HIALEAH, FL.

City & State

28 HIALEAH, FL.

Zip Country

24 33012

25 MIAMI-DADE

Zip Country

29 33012

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

PINON, LIDYA
9921 N.W. 80TH AVENUE
BAY 1-N
HIALEAH GARDENS FL 33016

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **PINON, LIDYA**
CITY-ST-ZIP **9921 N.W. 80TH AVENUE, BAY1-N**
HIALEAH GARDENS FL 33016

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **BERTOT, RAMIRO R**
CITY-ST-ZIP **9920 S.W. 22ND STREET**
MIAMI FL 33165

TITLE ☐ DELETE

NAME **VPD**
STREET ADDRESS **DOMINGUEZ, JUAN M**
CITY-ST-ZIP **236 MARSHALL STREET**
ELIZABETH NJ 07206

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **DOMINGUEZ, DOLORES M**
CITY-ST-ZIP **236 MARSHALL STREET**
ELIZABETH NJ 07206

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)