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 #

K24043

(7)

JUANITO'S, INC.

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May 12 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address									40, 91911 01						
	9610 SW 8TH ST 9610 SW 8TH ST						- 1								
	MIAMI FL 33174-2901 MIAMI FL 33174-2901								DO NOT WRITE IN THIS SPACE						
											3. Date Incorporated or Qualified				
											05/13/1988				1
2.	Principal Place of Business 2a. Mailing Address								4. FEI Number		~ [A	pplied f	For		
21		26								26-4768020			ot Appl	icable	
	Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired		\$8.75			
22	-1									- Commodity of Elated Desired		Fee F	Required	1	
	City & State	— — — — — — — — — — — — — — — — — — —								6. Election Campaign Financing	_		May E		
23	7ia	28					Trust Fund Contribution	<u> </u>		to Feet					
1	Zip	Country Zip Cour		ittiry		'	8. This corporation owes or has pai	_		ntangible 	6				
24				of Current Re	9 olstered	Agent	30	r—			Personal Property Tax due June 0. Name and Address of New Fler			140	
				D. 00.1011111	g.o.o.o.	riguin.		В1	Name	·	0. 114.110 4110 700 07 11011 1101	Jietorou rig	<u>one</u>		
		NTO, JUAN	LOT					Ш					·		
	9610 S.W. 8TH ST						82	Street A	Address	(P.O. Box Number is Not Acceptab	le)			i	
	MIN	AMI FL 3317	4					83	 						-
								Ĺ.,							
								84	City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name								e-named (corporal	tion submits this statement for the p	urpose of c	L hanging	its regis	stered	
	office or r	egistered age	nt, or both, in	the State of F	Iorida. Su	ch change was	s authorize	d by	the corp	poration's	s board of directors. I hereby accep	t the appoir	ntment a	s registe	ared
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													ľ		
SIC	BNATURE	Signature typod o	printed name of	registured agoni and	title it applic	able (N	OTE: Registere	d Age	ını signature	required wi	hen reinstating)	DATE			
12			OFFI	CERS AND DI	RECTORS	3	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 1	2
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14. Thereby 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 deciver or trustee ompowered 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 as intachment with an address.

Oct 18/98 - 8-45 (301) 742 2860