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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21482

(9)

J & R BEST DEAL OF MIAMI, INC.

FILED
May 02 1997 8:00am
Secretary of State



Principal Place of Bus	siness	Mailing Address				n (Balings bid right finit bibut ibita tana tini bibit atau atau bibit atau bibit atau			
5526 N.E. 2ND AVE MIAMI FL 33137		5526 N.E. 2ND AVE MIAMI FL 33137-2504			W.				
						Date Incorporated or Qualified 10/06/1989	3a. Date 04/2	of Last I 2/1996	Report
2. Principal Place of	Business	2a, Mailing Address				4. FEI Number		-	pplied For
21		26			·	65-0153000			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State		City & State				6. Election Campaign Financing) May Be
Z (p	Country	Zip		untry		Trust Fund Contribution			to Fees
24	25	29	30	rcititi y		8. This corporation has liability for in Florida Statutes	tangible to		8. 199.032,
	Name and Address of Currer		30	T		10. Name and Address of New Reg			
	, JOSEPH J.			81	Name				
	Y. 88TH LANE								
MIAMI FL :				82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
MWWH 1 E	44144			83					
				84	City	······································	·	OF 7:-	Code
				54	City		FL	85 Zip	C006
11. Pursuant to the p	provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the	above	e-named corp	poration submits this statement for the pr	urpose of o	hanging	its registered
office or registere agent. I am famili	ed agent, or both, in the State liar with, and accept the oblig	e of Florida. Such change wa ations of, Section 607.0505,	as authoriza Florida Sta	eo by atutes	/ the corporat s.	poration submits this statement for the polion's board of directors. I hereby accep	the appo	intment a	s registered
SIGNATURE	e, typed or partied name of registered age			_		ed when reinstating)	DATE		
12.		D DIRECTORS	13	<u>:</u> -		ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE DPT	······································	DELETE	1.1	TITLE				Change	
	tiste, Joseph J.		1.2	NAME	Ì				
STREET ADDRESS 1502	24 S.W. 88TH LANE		1.3	STREET	ADDRESS				
CITY-ST-ZIP MIA	MI FL		1.4	CITY-S	IT-ZIP				
TITLE DS		DELETE	2.1	TITLE				Change	Addition
	TISTE, MARIE R.J.		2.2	NAME					
	24 S.W. 88TH LANE		2.3	STREET	ADDRESS				
CITY-S1-ZIP MIAN	MI FL		2. 4	CITY-5	ST-ZIP				
TILE		☐ DELETE	3.1	TITLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	street	ADORESS				
Dity-St-Z#			3.4.	CITY-	ST-ZIP				
INTLE		☐ DELETE	4.1	TITLE			[Change	Addition
NAME			4 2	NAME					
STREET ADORESS			4.3	STREET	ADDRESS				
CITY - \$1 - ZIP			4.4	CITY - S	ST - ZIP	્રહે	,, 		·
TITLE		☐ DELETE	5.1	TITLE	'		ļ I	Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY - ST - ZIP			5.4	CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1	TITLE			Ϊ.	Change	Addition
NAME			6.2	NAME	[
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-S1-ZIP			6.4	CITY-S	ST-ZIP				

14. I do 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.

SIGNATURE

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/35/97 Date Daytime Phone