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 # L99843

J. J.GRAVIER ENTERPRISES, INC.

| FILED | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|
| Mar 24 1998 8:00am | | | | | | | | | | |
| Secretary of State | | | | | | | | | | |



| Principat Place of Business Mailing Address | | | | | | | | F FT OF 1011 USB FOLIO ALION JUST UNION | IIIA QUQUU QUAFA | | | |
|---|--|---------------------------------------|---|--------------------------------------|--|--|-----------------------------|---|---|-----------|-----------------------------|-----------------------------|
| 2331 S.W. 6TH ST. 2331 S.W. 6TH ST. MIAMI FL 33135 MIAMI FL 33135 | | | | | | | | | DO NOT WRIT | E IN THIC | GDACE | |
| | | | | | | | | | 3. Date Incorporated or Qualified | | 3FACE | |
| | | | | | | | | | 09/10/1990 | | | |
| 2, Principal Pl | lace of Busine | ess | 2 | 2a. Mailing Address | | | | | 4. FEI Number | | - A | pplied For |
| 21 | | | | 26 | | | | | 65-0218614 | | N/ | ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | • | Additional |
| 22 | | | | 27 | | | | | | | | equired |
| City & State | е | | | City & State | | | | | 6. Election Campaign Financing | | | May Be |
| Zip Country | | | 26 | Zip Country | | | | | Trust Fund Contribution | | | to Fees |
| 24 25 COUNTY | | | 20 | 29 30 | | | , y | | This corporation owes or has p Personal Property Tax due Juni | | | itangible |
| g, Name and Address of Current Registered Agent | | | | | | | | | 10. Name and Address of New R | | | - 149 |
| GRAVIER, JOSE J. 81 Name | | | | | | | | | | | | |
| 2331 SW 6TH ST | | | | | | | 82 Street | A | (DO Do North Line) | 2-1-5 | | |
| | MI FL 3313 | | | | | | 501991 | LAddres | ss (P.O. Box Number is Not Accepta | тоне) | | |
| | | • | | | | | 83 | ············ | | | | |
| | | | | | | | 20 00 | | | | | |
| | | | | | | | 84 City | | | FL | 85 Zip | Code |
| 11. Pursuant to office or reacent. La | to the provision of the | ons of Sections ent, or both, in t | 607.0502 and he State of Fic he obligations | 607.1508, I orida Such of Section | Florida Statut change was a 607.0505 Flo | es, the at authorized orida Stat | ove-named by the courtes | d corpor rporation | ration submits this statement for the n's board of directors. I hereby acce | purpose o | changing in cointment as | ts registered registered |
| SIGNATURE | | ., | g | | | | | | | | | |
| | Signature, lyped o | x printed name of reg | stered agent and t | ite if applicable | 100) | E Registered | Agent signatur | re required | when reinstating) | DATE | | |
| 12. | | OF FIC | FRS AND DIR | | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | | |
| TITLE | DPS | | | L | DELETE | 1.1 Ti | LE | 1 | | | Change | Addition |
| NAME GRAVER, JOSE J. | | | | | | 1.2 NA | ME | | | | | |
| STREET ADDRESS 2331 SW 6TH ST | | | | 1.3 STREET | | | REET ADDRESS | : [| | | | Į. |
| CITY-ST-ZiP | MIAMI FL | | | | 1 per exe | _ | Y-ST-ZIP | ↓ | | | 77.5 | · |
| TITLE | V | FLOCY | | L | DELETE | 2.1 TR | | | | | ☐ Change | L] Addition |
| NAME | GRAVIER 2331 SW | | | | | 2.2 NA | | | | | | |
| STREET ADDRESS | MIAMI FL | | | | | | REET ADDRESS | 1 | | | | ľ |
| CITY-ST-ZIP TITLE | MINNI I'C | · | | | DELETE | 2. 4 Cl | TY+ST-ZIP | + | | | Change | Addition |
| NAME | | | | L | | 3.2 NA | | | | | Autoritio | |
| STREET ADDRESS | | | | | | | ric Reet address | | | | | |
| CITY-ST-ZIP | | | | | | | TY-ST-ZIP | | | | | |
| TITLE | | | | | DELETE | 4.1 Til | | 1 | | | Change | Addition |
| NAME | | | | | | 4. 2 N | | | | | | |
| STREET ADDRESS | | | | | | 4.3 ST | REET ADDRESS | . | | | | |
| CITY-ST-ZIP | | | | | | | Y-ST-ZIP | | | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | | | I | DELETE | 5.1 T(1 | | 1 | | | ☐ Change | Addition |
| NAME | | | | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | | | | 5.3 ST | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | 5.4 CF | Y-ST-ZIP | | | | | i |
| TITLE | | | | | DELETE | 6.1 TIT | | 1 | | | Change | Addition |
| NAME | | | | | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | | | | 6.3 ST | REET ADORESS | | | | | l |
| CITY-ST-ZIP | | | | | | 6.4 CI | Y-ST-ZIP | | | | | |

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 suppliemental 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 corporatement the receiver of three corporatements and that my name appears in Block 12 or Block 13 if changes, or d) in all changes with an address.

SIGNATURE: