


FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90053 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # L99843 1. Corporation Name J. J. GRAVIER ENTERPRISES, INC.																																																																																																															
Principal Place of Business 2331 S.W. 6TH ST. MIAMI FL 33135		Mailing Address 2331 S.W. 6TH ST. MIAMI FL 33135																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																																													
9. Name and Address of Current Registered Agent GRAVIER, JOSE J. 2331 SW 6TH ST MIAMI FL 33135		10. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DPS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GRAVIER, JOSE J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2331 SW 6TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GRAVIER, ELSSY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2331 SW 6TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DPS	<input type="checkbox"/> DELETE	NAME	GRAVIER, JOSE J.		STREET ADDRESS	2331 SW 6TH ST		CITY-ST-ZIP	MIAMI FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	GRAVIER, ELSSY		STREET ADDRESS	2331 SW 6TH ST		CITY-ST-ZIP	MIAMI FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	DPS	<input type="checkbox"/> DELETE																																																																																																													
NAME	GRAVIER, JOSE J.																																																																																																														
STREET ADDRESS	2331 SW 6TH ST																																																																																																														
CITY-ST-ZIP	MIAMI FL																																																																																																														
TITLE	V	<input type="checkbox"/> DELETE																																																																																																													
NAME	GRAVIER, ELSSY																																																																																																														
STREET ADDRESS	2331 SW 6TH ST																																																																																																														
CITY-ST-ZIP	MIAMI FL																																																																																																														
TITLE		<input type="checkbox"/> DELETE																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> DELETE																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> DELETE																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
1.2 NAME																																																																																																															
1.3 STREET ADDRESS																																																																																																															
1.4 CITY-ST-ZIP																																																																																																															
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
2.2 NAME																																																																																																															
2.3 STREET ADDRESS																																																																																																															
2.4 CITY-ST-ZIP																																																																																																															
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
3.2 NAME																																																																																																															
3.3 STREET ADDRESS																																																																																																															
3.4 CITY-ST-ZIP																																																																																																															
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
4.2 NAME																																																																																																															
4.3 STREET ADDRESS																																																																																																															
4.4 CITY-ST-ZIP																																																																																																															
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
5.2 NAME																																																																																																															
5.3 STREET ADDRESS																																																																																																															
5.4 CITY-ST-ZIP																																																																																																															
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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

4/26/99 305-541-4725
 Date Daytime Phone #