**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	LOGRAS
1. Comoration Name	••	L33040

1. Corporation	Name	•						
J. J.GRA	VIER ENTERPRISES, INC.							
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Principal Place	of Business	Mailing Address		•	D INDIINIT ALD LINGS IRRED INTER OIDEAN THIS PROCES	DIDA DIDI BIDI D	i bit dibit sast	:
2331 S.W. 6TH	97	2331 S.W. 8TH ST.			<b>.</b>			•
MIAMI FL 33135		MIAMI FL 33135			DO NOT MIDITE IN THE	E COACE		
	• •				DO NOT WRITE IN THE	S SPACE		,
!					3. Date Incorporated or Qualifed			Į
L	<u> </u>				09/10/1990 4. FEI Number		plied For	1
2. Principal Pl	lace of Business	2a. Mailing Address				<del></del>	t Applicable	1 1
21		26			65-0218614	\$8.75 A		1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired .	·Fee Re		-
22		27 =	., .		6. Election Campaign Financing	\$5.00	May Be	l
City & State		28			Trust Fund Contribution	Added to		İ
Zip Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year I	ntangible		i
24	25		30	•	Personal Property Tax.	[]Yes	□No	ĺ
27	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent		١,
ļ				81 Name	· <del></del>			
GRA	MER, JOSE J.		ŀ	82 Street Add	iress (P.O. Box Number is Not Acceptable)			١.
	SW 6TH ST		İ	0.000.72.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	1
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1			*	1	<u>"</u> F	L		11
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	ove-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its contract as rec	registered sistered	ΙÌ
office of a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statu	ites.	tota today or ancomed, I morely accept and sep-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i 1
SIGNATURE								1
	Signature, typed or proted name of registered age			Agent signature requi		NO DIRECTO	DC IN 12	á
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	[]Change	Acdition	Ī
TITLE	DPS	☐ DELETE	1,1 111			_ j onenge		ž
NAME	GRAVIER, JOSE J.		1.2 NA	i				٤
STREET ADDRESS	2331 SW 6TH ST		1	REET ADDRESS				Ž
CITY-ST-ZIP	MIAMI FL.	☐ DELETE	2.1 TIT	Y-ST-ZIP		[]Change	☐ Addition	6
TITLE	V .	C) bereit				<b>L</b> .,	_	ĺ
NAME	GRAVIER, ELSSY		22 NA	·				ĺ
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=CFTY-ST-ZP====	=MIAMI-FL=======	☐ DELETE	3.1 Tm			[]Change	Acdition	(
TITLE			3.2 NA	· .		-		ĮΙ
NAME				REET ADDRESS				
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NAME	, , ,	_	4.2 NA	1				, 
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C/TY-ST-ZIP				95-72-Y		<del></del>		
TITLE		☐ DELETE	6.1 TJT	LE T	•	Change	Addition	
NAME			6.2 NA	ME				
STEET AMPESS			6.3 STI	REET ADDRESS	•			i

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(-), Florida Statutes. I further certify that the information incicated 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 each; 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 appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

04-09-1999 90053 006 \*\*\*150.00