

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M17146 (5)

1. Corporation Name

J.G. HENRY, INC.

Principal Place of Business

% LESLIE R. CHIN
8922 S.W. 150 WEST CT. CIRCLE
MIAMI FL 33196

Mailing Address

% LESLIE R. CHIN
8922 S.W. 150 WEST CT. CIRCLE
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1985

3a. Date of Last Report

12/28/1994

4. FEI Number

59-2621079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIN, LESLIE R.
8922 S.W. 150 WEST CT. CIRCLE
MIAMI FL 33196

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	D
NAME	CHIN, LESLIE R.
STREET ADDRESS	8922 S W 150 W CT. CIR.
CITY ST ZIP	MIAMI FL
TITLE	V
NAME	CHEONG, GEORGE
STREET ADDRESS	8922 SW 150 CT. CIR. W.
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	CHUNG, HENRY
STREET ADDRESS	8922 SW 150 CT. CIR. W.
CITY ST ZIP	MIAMI FL
TITLE	PST
NAME	CHIN, LESLIE R.
STREET ADDRESS	8922 SW 150 W CT CIR
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE R. CHIN

6-18-95

(300) 652-7231

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M18761 (0)

1. Corporation Name

JD FOODS, INC.

Principal Place of Business

Mailing Address

**11420 N. KENDALL DR.
SUITE 112
MIAMI FL 33176**

**11420 N. KENDALL DR.
SUITE 112
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1985

3a. Date of Last Report

03/03/1994

4. FEI Number

59-2564696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12257 SW 129th Ct

26 12257 SW 129th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL

28 Miami FL

Zip

County

Zip

County

24 33186

25

29 33186

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOHRER, SANFORD L
2601 SOUTH BAYSHORE DRIVE
ROOM 1131
MIAMI FL 33133**

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

(Signature) (Typed or printed name of registered agent and title if applicable)

(Signature) (Typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO THE LIST OF OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DRESNICK, JIMMIE
STREET ADDRESS	11420 NORTH KENDALL DRIVE #112
CITY, ST, ZIP	MIAMI FL
TITLE	TVP
NAME	DRESNICK, JIMMIE
STREET ADDRESS	11420 NORTH KENDALL DRIVE #112
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	12257 SW 129th Ct
4. CITY, ST, ZIP	Miami FL 33186
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	12257 SW 129th Ct
8. CITY, ST, ZIP	Miami FL 33186
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95
Date

(305) 233 0510
Telephone Number