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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

08-16-1999 90004 023 ***150.00

FILED

DOCUMENT # M30970

1. Corporation Name

J & S DISTRIBUTORS, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|

Mailing Address



| 251 ATCATA AVEILLE | | | _ | |
|---|---------------------------------------|----------------------------|---|--|
| Coral Gables, FL 33146 Coral Gables, FL 33146 | | DO NOT WRITE IN THIS SPACE | | |
| 00141 040100 111 05110 | cordi dabios, is | 00,10 | 3. Date Incorporated or Qualifed | |
| | | | 04/24/1986 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-2661201 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zip Co | untry | 8. This corporation owes the current year I | ntangible |
| 24 25 | 29 30 | | Personal Property Tax. | Yes □No |
| 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registere | d Agent |
| JASBINDER S. KWATRA | | 81 Name | | |
| 231 Altara Avenue | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| Coral Gables, FL 33146 | | 83 | | |
| | | 84 City | F | 85 Zip Code |
| Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig | of Florida. Such change was authorize | ed by the corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its registered ointment as registered |

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature require | ed when reinstating) DATE |
|----------------|--|------------------------------------|---|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | VP □ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | JASMEET WADHWA | 1.2 NAME | |
| STREET ADDRESS | 145 Coachman Place | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Syosset, NY 11791 | 1.4 CITY-ST-ZIP | |
| TITLE | P DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | JASBINDER S. KWATRA | 2.2 NAME | |
| STREET ADDRESS | 231 Altara Avenue | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | 2. 4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZiP | | 3.4. CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4, 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | <u></u> | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME . | | 6.2 NAME | |
| STREET ADDRESS | | 6,3 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jasbinder S. Kwatra, President 8/10/99

(305)448-1648



August 10th, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

J & S Distributors, Inc. Document # M30970 1999 Profit Corporation Annual Report

Gentlemen:

Enclosed find our 1999 Annual Report and our \$150.00 check for the filing fee.

Please be advised that due to our change of address, we never received the 1999 Annual Report in the mail. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

Our new mailing address is 231 Altara Avenue, Coral Gables, FL 33146.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely

Mr Jasbinder S. Kwatra

President