FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** M64165 M & J DONUTS, INC. Principal Place of Business Mailing Address **% MARIANO SANTOS** % MARIANO SANTOS 95 N.W. 167TH ST. 95 N.W. 167TH ST. N MIAMI BEACH FL 33169 N MIAMI BEACH FL 33169 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1988 2. Principal Place of Business 04/07/1995 2a. Mailing Address 4. FEI Nurnber Applied For 26 65-0004814 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution $Z_{\rm IO}$ Added to Fees Country Ζıp Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes ¥Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANTOS, MARIANO Street Address (P.O. Box Number is Not Acceptable) 82 95 N.W. 167TH ST. N MIAMI BEACH FL 33169 83 84 City 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 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 reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) DELETE 1. 1 TITLE SANTOS, MARIANO Change ☐ Addition 1.2 NAME 95 N.W. 167 ST. STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE 2. 1 TITLE SANTOS, JORGE Change Addition 22 NAME STREET ADDRESS 95 N.W. 167 ST. 23 STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST - ZIP DELETE 4. 1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S! ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE ☐ Change ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE 6. 1 TITLE ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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14. Ido 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)(k), 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 cath; 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 6.4 CITY - ST - ZIP

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