

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M93711 (3)

1. Corporation Name

J & J WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

7105 S.W. 47 ST
MIAMI FL 33155

7105 S.W. 47 ST
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1988

3a. Date of Last Report

03/15/1995

4. FBT Number

65-0061863

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

DOMENECH, OLGA
3211 S.W. 94TH PLACE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

Olga Domenech

82

Street Address (P.O. Box Number is Not Acceptable)

83

7105 S.W. 47 St. Unit 409

84

City Miami

FL

85

Zip Code 33155

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 date if applicable.

(If OFF: Registered Agent's signature required when recording.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VIGIL, OLGA D.
STREET ADDRESS 6711 SW 94 CT
CITY-ST-ZIP MIAMI, FL

DELETE

TITLE VD
NAME DOMENECH, OLGA
STREET ADDRESS 3211 S.W. 94 PLACE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE SD
NAME DOMENECH, JUAN SR
STREET ADDRESS 3211 S.W. 94 PLACE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE TD
NAME VIGIL, OLGA DOMENECH
STREET ADDRESS 6711 S.W. 94TH COURT
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Olga D. Vigil

Olga D. Vigil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Block

CR2E034 (3/96)