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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000014747 (7) DOCUMENT # M & J DONUTS # 6, INC. Mailing Address Principal Place of Business 18714 NW 67TH AVE. 18714 NW 67TH AVE. MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1994 2. Principal Place of Business 21 17720 PIVES BLVd. 2a. Mailing Address 4. FEI Number Applied For 65-0488089 Not Applicable 26 Suite, Apt. #, etc Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Pines П Penbroke Trust Fund Contribution Added to Fees 23 28 Country This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. X Yes ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAPOTE, BEATRIZ M 1110 BRICKELL AVE., 7TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 63 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TITLE SANTOS, MARIANO 1.2 NAME CR2E034 NAME 18714 NW 67TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE SANTOS, JORGE 2.2 NAME NAME 18714 NW 67TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP Change ___ Addition ■ DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an approximation. SANTOS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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FILED

Mar 11 1998 8:00am

Secretary of State

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