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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 04 1998 8:00am

Secretary of State

Addition

Change

DOCUMENT # P94000036637 (4)

J. STELLA, INC.

ě,

12

CITY-ST-ZIP

SIGNATU

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address 404 WASHINGTON AVE 404 WASHINGTON AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0493422 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STELLA, JOHANNA 404 WASHINGTON AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 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, typed or printed name of registered agent and (die if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TITLE 1.1 TITLE NAME GIGNAC, LOUIS M 1.2 NAME 910 N.E. 4TH ST. STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME STELLA, JOHANNA 2.2 NAME 910 N.E. 4TH ST. 2.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CMY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS**

5.4 City - ST - ZIP

6.3 STREET ADDRESS 6.4 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 the 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 procedure or trusted emproved 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 any uttachment with an address.

6.1 TITLE

6.2 NAME

DELETE