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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000054816

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

J. & J.	HOLDINGS, INC.							
Principal Plac	ce of Business	Mailing Address				1 1981 100 1031 11 11 11 11 11	AIGI SINII BIOSI IGIOI	11010 (311) 1601
8341 S.W. 28 ST 8341 S.W. 28 ST								
MIAMI FL 33155 MIAMI FL 33155						SO MOT MINITE IN	ODAOE	
						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
						07/25/1994		
2. Principal F	Place of Business	2a. Mailing Address	-			4. FEI Number	 _ _ ' ' '	plied For
21		26	<u> </u>			65-0517150		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-, · ' ' ·			5. Certificate of Status Desired	\$8.75 A	
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax. Yes No		
	9. Name and Address of Current	it Registered Agent		L.,		10. Name and Address of New Register	ed Agent	
EL 0	OIDA ANNUAL DEBOOK CERISO	FO INO		81	Name			
FLORIDA ANNUAL REPORT SERVICES INC			!	82 Street Address (P.O. Box Number is Not Acceptable				
	0 CORAL WAY	4	102]
MIA	MI FL 33145			83				
					07		85 Zip C	Sodo II
				84	City	i	- 85 Zip C	,000
agent. I a SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Fiol	nda Stati	utes.		red when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	DELETE 1.1 TIT				☐ Change	Addition
NAME	ALVAREZ, SR., JOAQUIN	1.2)		1.2 NAME				}
STREET ADDRESS	8341 S.W. 28TH ST.		1.3 STREET		ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33155		1.4 CF	1.4 CITY-ST-ZIP				
TITLE	DTS	☐ DELETE 2.1					Change	☐ Addition
NAME	ALVAREZ, JR., JOAQUIN		2.2 NA	ME				
STREET ADDRESS	8341 S.W. 28TH ST.		2.3 ST	2.3 STREET ADDRESS		and the second s	·	ł
CITY-ST-ZIP	MIAMI FL 33155	AMI FL 33155		ΠY∙S	T-ZIP	·.··		
TITLE		☐ DELETE	3.1 717				☐ Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS	}		3.3 \$1	REET	ADDRESS			ļ
CITY-ST-ZIP	ļ		3.4. CI	ITY-S	T-ZIP			_
TITLE		☐ DELETE	4.1 TD	TLE			Change	☐ Addition
NAME	·	•	4. 2 N	AME				}
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP		_	4.4 CF	TY-S1	r-ZIP			
TITLE		☐ DELETE	5.1 TI				☐ Change	Addition
NAME			5.2 NA	ME				ĺ
STREET ADDRESS			5.3 ST	REET	ADDRESS			Í
CITY-ST-ZIP			5.4 CI	TY-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TIT	TLE			☐ Change	Addition
NAME	1		6.2 NA	ME	1			ļ

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 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 all other like empowered. SIGNATURE:

305-559-3690

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90002 041 ***150.00