

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090087 (5)

1. Corporation Name

J&J RETAIL ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 450662
MIAMI FL 33245

Mailing Address

P.O. BOX 450662
MIAMI FL 33245

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0571361

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELAND & RUSSIN, P.A.
701 BRICKELL AVE
SUITE 1110
MIAMI FL 33131

81 Name

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

200 S. Biscayne Blvd., Suite 2420

83 Suite 2420

84 City

Miami

FL

85 Zip Code
33131

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE
NAME JORGE J. PEREZ
STREET ADDRESS 2356 SW. 24TH STREET
CITY- ST- ZIP MIAMI FL

TITLE V ☐ DELETE
NAME JORGE H. PEREZ-PEREZ
STREET ADDRESS 11200 SW. 3RD STREET
CITY- ST- ZIP PEMBROKE PINES FL

TITLE VP ☐ DELETE
NAME GREG BENNETT
STREET ADDRESS 8442 SW. 148TH PLACE
CITY- ST- ZIP MIAMI FL

TITLE VP ☐ DELETE
NAME JOSE A. GARCIA
STREET ADDRESS 108-8TH TERRACE
CITY- ST- ZIP MIAMI FL

TITLE VP ☐ DELETE
NAME LISANDRA BARRETO-GONZALES
STREET ADDRESS AVE. SAN CARLOS #197
CITY- ST- ZIP AQUADILLA P.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

700001797417
-04/29/96--01020--008
***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/19/96 (305) 285-7675

CR2E034 (12/95)