

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000090087 (5)**

1. Corporation Name

J&J RETAIL ENTERPRISES, INC.

FILED
Apr 28 1997 8:00am
Secretary of State



Principal Place of Business

P.O. BOX 450562
MIAMI FL 33245

Mailing Address

P.O. BOX 450562
MIAMI FL 33245-0562

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

Country

24 Zip

29 Country

30 Zip

Country

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

04/26/1996

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**MELAND & RUSSIN, P.A.
200 S. BISCAYNE BLVD.
SUITE 2420
MIAMI FL 33131**

81 Name

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

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS	NAME JORGE J. PEREZ	1.1 TITLE Treasurer
STREET ADDRESS 2356 SW. 24TH STREET	CITY - ST - ZIP MIAMI FL	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE V	NAME JORGE H. PEREZ-PEREZ	2.1 TITLE 2.2 NAME
STREET ADDRESS 11200 SW. 8RD STREET	CITY - ST - ZIP PEMBROKE PINES FL	2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE VP	NAME GREG BENNETT	3.1 TITLE 3.2 NAME
STREET ADDRESS 8442 SW. 148TH PLACE	CITY - ST - ZIP MIAMI FL	3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE VP	NAME JOSE A. GARCIA	4.1 TITLE 4.2 NAME
STREET ADDRESS 108-8TH TERRACE	CITY - ST - ZIP MIAMI FL	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE VP	NAME HSANDRA BARRETO-GONZALES	5.1 TITLE 5.2 NAME
STREET ADDRESS AVE. SAN CARLOS #107	CITY - ST - ZIP AQUADILLA, P.R.	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE VP	NAME Jose Boveda	6.1 TITLE 6.2 NAME
STREET ADDRESS 15440 SW 74th Circle Court	CITY - ST - ZIP Miami FL	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 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

4/21/97 (305) 841-6001
Date Daytime Phone #

CR2E034 (9/96)