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

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90150 039 ***150.00

DOCUMENT # P95000037920

1. Corporation Name

Little	JUYS FOOD SALES, INC.				
Principal Place	e of Rusiness	Mailing Address		-	
'		5947 S.W. 21ST STREET			-
5947 S.W. 21ST STREET 5947 S.W. 21ST STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	1
			<u> </u>	05/12/1995	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0594578	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Additional Fee Required
22		27			` _
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28	Country	Trust Fund Contribution	
Zip	Country		Country	This corporation owes the current year Inta Personal Property Tax.	MYes □No
24	9. Name and Address of Curren	29 30	·· T	10. Name and Address of New Registered	<u> </u>
	9. Name and Address of Curren	t Kadista an Adam	81 Name		
GRO	ISS . R. K		K.	KEVIN CROSE, EA	
930 TYLER STREET				ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33020			10,30	Tyler sirver	
1.33					
			84 City Island	lly wood FL	85 Zip Code
44 Duna and	to the previous of Continue 607 050	2 and 607 1509 Elerida Statutes th	he above-named como	vication submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was author	rized by the corporation	n's board of directors. I hereby accept the appoir	ntment as registered
agent. I a	m familiar with and accept the obliga-	tions of, Section 607.0505, Florida	Statutes.	- 1/20/90	,
SIGNATURE	Signature, typed or printed name of registered ager	A CILON	stered Agent signature required	5A (26) / A	<u></u>
12.			13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD		1.1 TITLE		Change Addition
NAME	ROTHENBERG, BARRY		1.2 NAME		
STREET ADDRESS	5947 S.W. 21ST ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP		
TITLE	VSTD		2.1 TITLE		☐ Change ☐ Addition
NAME	PETRUCCO, STEVEN B		2.2 NAME		,
STREET ADDRESS	CALS AND SART AT		2.3 STREET ADDRESS		•
1	HOLLYWOOD FL 33023	5	2.4 CITY-ST-ZIP	<u>س</u> ان دیسوری	
CITY-ST-ZIP TITLE	TIOLETWOOD TE 33023		3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE			4.1 TITLE		☐ Change ☐ Addition
		_			
NAME			4.2 NAME 4.3 STREET ADDRESS		•
STREET ADDRESS		i			
CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
!			5.2 NAME	·	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		Ì
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition
TITLE					
			1		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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 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 empoweration 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 18 if changed, or on the attachment with an address, with all other like empowered.

Mos.

SIGNATURE:

. STEVEN PETRUCGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR