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

Mailing Address

802 WEST 75TH ST. HIALEAH FL 33014-4004

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 802 WEST 75TH ST.

HIALEAH FL 33014



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

0121813

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017171 (5)

J. & J WILLY CORPORATION

						
				3. Date incorporated or Qualified 3a. 02/26/1996	Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3367354	Not Applicable	
Suite Apt	# etu	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	ϵ	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intang		
24	25	29	30		□ No	
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
SUANCE, GUILLENMO						
			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33014						
			83		į	
			84 City	ر برون المراجع المراجع المواجع المراجع	85 Zip Code	
		1003.4500.51			L S Zip Oode	
t 11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	iz and 607.1508, Florida Statu of Florida. Such change was	ites, the above-hamed co authorized by the co <u>rpo</u>	orporation submits this statement for the purpos lation's board of directors. I hereby accept the	e of changing its registered appointment as 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. Lam familiar year, and accept the obligations of, Section 607,0505, Florida Statutes						
SIGNATURE	Jullenco.	sualez	JAHL	pured when reinstating) DAT	4-29-97	
12.	Seprence 1 or protect rame of registered age OFFICERS AN		TE. Registered Agent for the rec	ADDITIONS/CHANGES TO OFFICERS		
TillE	PD	DELETE	11 TITLE N	C 5	AND DIRECTORS IN 12 Grange Addition	
NAME	SUAREZ, GUILLERMO		12 NAME	HOELA S. LOPEZ 5350 NW 1725+		
SUREET ACTORESS	802 WEST 75TH ST.		1.3 STREET ADDRESS	350 NW 1725+	8	
CHY - \$1 - 74°	HIALEAH FL 33014		1.4 CITY-ST-ZIP	SPA LOCKA, FL 33055	(2)	
TILLE		DELETE	2.1 TiTLE	<u> </u>	Change Addition	
NAME	,		2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS		ļ	
CBY-ST-ZIF		. J	2 4 City-St-ZIP			
1 ful	The second secon	DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C-TYS1-7iP			3.4. CITY-\$1-ZIP			
THIL!		☐ DELETE	4.1 TITLE		Change Addition	
NAM			4. 2 NAME		Ì	
STREET ADDRESS			43 STREET ADDRESS			
CITY (\$1 - Zif)		FT 22.52	4.4 CITY - ST - ZIP			
THILE		DELETE	5.1 TITLE		Change Addition	
NAM:			5.2 NAME			
STREET ADDRESS		•	5.3 STREET ADDRESS			
CITY-ST ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition	
T-1LF		☐ bttett	61 TITLE		Change Addition	
NAME CAMELA A CORDANGE			6.2 NAME		·	
STREET ADDRESS			6.3 STREET ADDRESS		ł	
14. Ldo here	I by certify that the information supplie	d with this filing does not our	6.4 City-S1-ZiP	ed in Section 119.07(3)(i). Florida Statutes 1 fur	ther certify that the	
14. I do hereby certify that the information supplied with this filling does not quality 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 are an officer or director of the corporation or the recgiver or trusper or the properties of execute this report as required by Chapter 607, Florida Statutes. I further certify that the I are an officer or director of the corporation or the recgiver or trusper or this report as required by Chapter 607, Florida Statutes. I further certify that the						
appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
CHONIA ATTRACTOR OF THE						
SIGNATURE: 42997 362-7/87						
SIGNATURE AND 1YPED OR PRINTED RAME OF SIGNING OFFICER OF DIRECTOR Day						