## 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 # **P96000029498**1. Corporation Name

A & J,INTERNATIONAL FOODS, INC.

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210	•	<b>ACEAN</b>	AND	Aft IE

Mailing Address

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

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210 E OCEAN AVENUE LANTANA FL 33462		210 E OCEAN AVENUE				
		LANTANA FL 33462		DO NOT WRITE IN THIS SPACE		
	•	•			HIS SPACE	
				3. Date Incorporated or Qualifed		
				04/04/1996		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
7		26		65-0655891	Not Applicable	
The second secon			00-0000091	\$8.75 Additional		
		<b>├</b>		5. Certifcate of Status Desired	Fee Required	
		27	with n			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
	25	29	30	Personal Property Tax.	∐Yes <b>⊠</b> No	
<u> </u>	9. Name and Address of Curre	11	11	10. Name and Address of New Register	ed Agent	
· · · · · · · · · · · · · · · · · · ·		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	81 Name			
REC	ITOLOTTI, JOLANTA	Ballin at Allandin - P. M. C. and				
A A OLO	E. OCEAN AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
		,		to finding the filler in as a control of the		
LANTANA FL 33462			83	。 一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种	<b>新疆民族主義 [1]</b>	
	urkerio il 1984 %	ž. ·			5, 15 (3) (5 (5) (6) (6) (6) (6) (7 (	
	Section 2	STATE OF THE STATE OF	84 City		85 Zip Code	
1 94 5	(0.705	100 and 607 1509 Elevide Status	tan the chave remoder	reporation submits this statement for the nurses	of changing its registered	
11. Pursuant	registered agent or both in the State	e'of Florida, Such chance was a	tes, the above-hamed cor authorized by the corporal	tion's board of directors. I hereby accept the ap	pointment as registered	
agent. I a	am familiar with, and accept the oblig	ations of Seotton 607,0505, Flo	orida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap-		
SIGNATURE	1761	est 1 Steller.		SERTOLOTTI	1-11-99	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating) : [3 - 3]. DATE		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BERTOLOTTI, ADRIAN		1.2 NAME		·	
	1	,	1.3 STREET ADDRESS			
STREET ADDRESS				•	,	
CITY-ST-ZIP	LANTANA FL 33462	E SCI STE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	STD	DELETE	2.1 TITLE .		☐ Cliarige ☐ Addition	
NAME '	BERTOLOTTI, JOLANTA		2.2 NAME .	:	• 1	
STREET ADDRESS	210 E. OCEAN AVENUE		2.3 STREET ADDRESS		•	
CITY-ST-ZIP	LANTANA FL 33462	مان القال الموقع المواجع	2.4 CITY-ST-ZIP			
TITLE		□ DELETE	3.1 TITLE		☐ Change ☐ Addition	
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NAME 1965	EVERY PERSON	\$ .	3.2 NAME			
STREET ADDRESS	ART HAR	· ,	3.3 STREET ADDRESS	4. (3) (1) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	新金 鐵度鐵匠 ADG 的模式 使心理器	
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TITLE		☐ DELETE	4.1 TITLE	14、16、4次 第1、16時間は急慢。	S Addition Addition	
NAME ,			4. 2 NAME			
NAME		Million March	4.3 STREET ADDRESS			
STREET ADDRESS	1	1		,		
CITY-ST-ZIP			4.4 CITY-\$T-ZIP		•	
TITLE		C) per car			Change	
NAME	· I	☐ DELETE ·	5.1 TITLE		☐ Change ☐ Addition	
		☐ DELETE	5.1 IIILE 5.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS		DELETE			☐ Change ☐ Addition	
	}   PO	DELETE	5.2 NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	PO		5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition☐ Change ☐ Addition☐	
CITY-ST-ZIP	Regulation of the second	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			
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CITY-ST-ZIP	PO CONTROL OF THE STATE OF THE		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

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 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, with all other like empowered.