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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

보. 전 보

782 NW 42ND AVE. SUITE #430

P96000039596 (7)

Mailing Address

782 NW 42ND AVE. SUITE #430

O & J ENTERPRISES, INC.

MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0670810 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes ☐ No 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTINEZ, OSVALDO 782 NW 42ND AVE. #430 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 83 84 City 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 agrict and 60 cld applicable (NOTE Registered Agenit's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPST \_\_\_ DELETE ☐ Change 1.1 TITLE Addition TITLE MARTINEZ, OSVALDO NAME 1.2 NAME 782 NW 42ND AVE. SUITE #430 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ... Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

MONATHEE, OSVATED MARTINEZ

CITY-ST-ZIP

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 suppliemental 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 of 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

(305) 446-3084

10/97

FILED

Apr 27 1998 8:00am

Secretary of State