


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

Amended

APPROVED
AND
FILED

98 OCT 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA96000063098
1. Corporation Name J.T. Grocery INC.

Principal Place of Business 6212 NE 2nd Ave
MIAMI FL 33127
Mailing Address 6212 NE 2nd Ave
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <u>07-29-96</u>	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <u>65-0682200</u>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

José Ortega
1181 NE 160 ST.
No. Miami, FL 33162

10. Name and Address of New Registered Agent

81 Name HIGINIA P. ORTEGA
82 Street Address (P.O. Box Number is Not Acceptable)
83 1181 NE 160 ST
84 City No Miami FL 85 Zip Code 33162

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 agents 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 Higinia P. Ortega DATE 6-17-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>CRUZ, ESTANISLAO</u>	1.2 NAME	<u>(P/D) HIGINIA P. ORTEGA</u>
STREET ADDRESS	<u>1825 So TREASURY DR</u>	1.3 STREET ADDRESS	<u>1181 N.E. 160 ST</u>
CITY-ST-ZIP	<u>NO MIAMI FL 33141</u>	1.4 CITY-ST-ZIP	<u>NO. MIAMI, FL 33162</u>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ORTEGA Jose</u>	2.2 NAME	
STREET ADDRESS	<u>1181 NE 160 ST</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>NO MIAMI FL 33162</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<u>300002671353-4</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>-10/23/98-01071-018</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>*****61.25 *****61.25</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<u>JB 10-2-98</u>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Higinia P. Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 6-17-98
Daytime Phone #

CR2E034 (10/97)