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 # P96000076871

1. Corporation Name

J.S.S. FOOD, INC.

Principal Place 2120 SW 58TH		Mailing Address 2120 SW 58TH CT.	**					
MIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE IN THIS SPACE			
E	•				3. Date Incorporated or Qualifed 09/16/1996	1110 01 7102		
2 D	Inc. of Durings	2a. Mailing Address			4. FEI Number	T Ans	olied For	
⊢¬ '	lace of Business	26. Mailing Address			65-0711964	<u> </u>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***		5. Certificate of Status Desired	\$8.75 A	dditional	
City & State		City & State		1.11	6. Election Campaign Financing Trust Fund Contribution	5. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip			Country	5. This corporation area are content year manager			□No	
24	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registe	red Agent		
	15.041		81 N	lame				
	UM, MOHAMMED A		82 S	Street Addr	ess (P.O. Box Number is Not Acceptable)			
2120 SW 58TH CT.				All BOL Addi	ess (1.0. Box Hamber is Hat Acceptation)			
MIAN	MI FL 33155		83					
			84 C	City		85 Zip C	ode	
				•	•	FL S		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by the	amed corp corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered gistered	
SIGNATURE					d when reinstating) DATI			_
12.	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	egistered Agent sig	nature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	CR2E034 (11/98)
TITLE	DP OFFICERS AN	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	7
NAME	QYYUM, MOHAMMED		1.2 NAME					<u>*</u>
STREET ADDRESS	2120 SW 58TH CT.		1.3 STREET ADD	DRESS			J	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIF					22
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change	Addition	ರ
NAME	Qyyum, maria		2 2 NAME					
STREET ADDRESS	2120 SW 58TH CT.		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP			 		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADI	DRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4.2 NAME				İ	
STREET ADDRESS			4.3 STREET ADI	DRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZI	P		Поъ	□ Addition	
TITLE		□ DELETE	5.1 TITLE	- 1		☐ Change	Addition [

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.

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

305-448-3323

☐ Change

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90034 050 ***150.00

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