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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092797 (5)

J & J FOOD SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 25 1997 8:00am Secretary of State



1801 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		1501 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334-5717									
							3. Date Incorporated or Qualified 11/13/1996	3a. Dat	e of L	ast Report	
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number			Applied For	
21		26					65-0713190			Not Applicat	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional se Required	
22 City & State	9	City & State					6. Election Campaign Financing \$5.00 May 8e				
23		28					Trust Fund Contribution			ded to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation has liability for i	ntangible t	ax un	der s. 199.032,	
24	25	29		30				Yes [			
	9. Name and Address of Current	t Registered A	gent		81	A1	10. Name and Address of New Re	gistered A	gent		
	CORONADO, RAMONA					Name	ame ·				
	O CORAL WAY, STE. 21					Street Add	ddress (P.O. Box Number is Not Acceptable)				
MIAI	MI FL 33155			}	83						
									<b>, , ,</b>	<del></del>	
				1	84	City		FL	85	Zip Code	
	Signature, typed or printed name of registered ago:		ble (No		l Ago	ni signature roqu	red when reinstaling)	DATE:		TODO 14.40	
12.	OFFICERS AND	DIRECTORS	Dourse	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	DP Ruiz, reinaldo		☐ DELFTE	1.1 10		l I			L_] Ch	ange Addite	
NAME .	1501 E. COMMERCIAL BLVD.			1.2 NA		ADDRESS					
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL 33308			1.3 S11							
TITLE	DS		DELETE	2.1 TIT		1-61			Ch	ange 🔲 Addit	
NAME	RUIZ, MARIA			2.2 NA	ME						
STREET ADDRESS	1501 E. COMMERCIAL BLVD.			2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			2. 4 CI	TY - 5	ST-ZIP					
TITLE			DELETE	3.1 10	LE				∐ Ch	ange 🔲 Addit	
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE	M 14-14-14-14-14-14-14-14-14-14-14-14-14-1		DELETE	3.4. CI 4.1 TIT	-	51-ZIP			☐ Ch	ange 🔲 Addit	
NAME			La DELLIE	4.2 N/							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CIT							
TITLE			DELETE	5.1 TIT					Ch	ange 🔲 Addit	
NAME				5.2 NA	ME						
STREET ADDRESS	,			5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP				5.4 00		I - ZIP			T 1 4		
TITLE			DELETE	61 111					∐ Ch	ange 📙 Addit	
NAME				6.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	1			6401	ry - S	1-ZP					

14. I do 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.