PROFIT CORPORATION ANNUAL REPORT

1999

J & J FOOD SERVICES, INC.



DOCUMENT # **P96000092797**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90186 050 ***150.00



Principal Place of Business Mailing Address						
1501 E. COMME FT. LAUDERDAL			1501 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/13/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0713190 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
	-			81	Name	
CORONADO, RAMONA				00	Chart A.	Harris (D.O. Day Number in Not Acceptable)
7360	CORAL WAY, STE. 21			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
MIAIM	AI FL 33155			83		
_				84	City	FL 85 Zip Code
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites the	above	-named co	orporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpora	ation's board of directors. I hereby accept the appointment as registered
, agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	ionda Sta	tutes	•	
SIGNATURE			(F. O)-t		d almost use see.	uired when reinstating) DATE
4lo	Signature, typed or printed name of registered age	ND DIRECTORS	13.	a Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS A	DELETE	1.1 T	m F	$ \top$	Change Addition
	1.71					
NAME	RUIZ, REINALDO		•	IAME		
STREET ADDRESS	1501 E. COMMERCIAL BLVD.		1		ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			ITY-S1	T-ZIP	☐ Change ☐ Addition
TITLE	DS	☐ DELETE	2.1 T	ITLE		Change; Addition
NAME	RUIZ, MARIA		2.2 N	IAME		
STREET ADDRESS	1501 E. COMMERCIAL BLVD.		2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.40	CITY-S	T- ZIP	
TITLE		DELETE	3.1 T	ITLE	Î	☐ Change ☐ Addition
NAME			3.2 N	IAME	ļ	
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4.0	CITY-S	r-zip	
TITLE		☐ DELETE	4.1 T			☐ Change ☐ Addition
NAME			4, 21	VAME		
STREET ADDRESS					T ADDRESS	
			- 6	HY-S		
CITY-ST-ZIP	<u> </u>	□ DELETE	5.1 T		:- 41	☐ Change ☐ Addition
,		_ 022276	5.1 T			
NAME (ADDRESS	
STREET ADDRESS			1			
CITY-ST-ZIP			5.4 C	ITY-SI	1-ZP	Change Addition
TITLE		☐ DELETE	6.11	HLC		☐ Citalige ← Modition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS