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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015873 (7)

M & J DONUTS #8, INC.

Principal Place of Business

Maiting Address

FILED Mar 26 1998 8:00am Secretary of State



18714 NW 67TH AVE. 18714 NW 67TH AVE. MIAMI FL 33016 MIAMI FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business
18 Y 0 3 KJ W 2a. Mailing Address FEI Number Applied For andave 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State . City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country SA Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 ☐ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAPOTE, BEATRIZE M 1101 BRICKELL AVE. 17TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City Zip Code 85 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELETE 1 1 TITLE Change Addition MARIAND NAME 1.2 NAME 8724 NW 151 Tam. STREET ADDRESS 1.3 STREET ADDRESS 3 30 *1*6 CITY-ST-ZIP 1.4 CITY-ST-ZIP VICE President DELETÉ TITLE 2.1 TITLE Change Addition ge sawros NAME 2.2 NAME 2 are STREET ADDRESS 2.3 STREET ADDRESS 93016 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 ITY-ST-2IP DELETE TITLE TLE ☐ Change Addition NAME 6.2 AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the e-indicated on this annual roport or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed or on an attachment with an address. emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

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