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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031712 (7)

JRS PACKAGING CO., INC.

FILED Mar 26 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					4 (MB):1001 FOR THIS COURT BOTTS BOTTS BOTTS OF IT	9 (118) 118() 108 () [[8	IIO IKAK L U UT
13117 S.W. 122ND AVENUE MIAMI FL 33186		13117 S.W. 122ND AVI	ENUE				
		MIAMI FL 33186			DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified		
					04/08/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			65-0741466		ot Applicable
Suite, Apt. 6	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	• • •	Additional
City & State		City & State			 		equired
23	7	— , ´			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	7 _{ID}	Cour	ntrv	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.		No
	9. Name and Address of Cur				10. Name and Address of New Register		
SAL	AZAR, RONALD			81 Name			
	17 S.W. 122ND AVENUE		-	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33186			0.0007.00	sious (i .o. pox various is not vocapitatio)		
			[B3			
			}	84 City	70/4	85 Zip	Code
				- 1	F		
11. Pursuant t	o the provisions of Sections 607,t	ate of Florida. Such change wa	iules, ine ab	ove-named cor	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as	registered
office or re agent. I ar	n familiar with, and accept the ob	oligations of, Section 607,0505,	Florida Statu	i by the corpora ites.	·		
office or re agent. I ar SIGNATURE							
office or re agent. I ar SIGNATURE	Signature, typod or printed name of registered	ag-mt and title it applicable (N	OTF Registered		julred when reinstating) DAT	TE	
office or reagent. I an SIGNATURE	Signature, typed or printed name of registered OFFICERS (agent and tilk if applicable (N AND DIRECTORS	OTF Registered	Agent signature requ		TE AND DIRECTOR	RS IN 12
office or reagent. I ar SIGNATURE	Signature, typid or printed name of inquisiting OFFICERS.)	ag-mt and title it applicable (N	OTE: Registered 13.	Agent signature requ	julred when reinstating) DAT	TE	RS IN 12
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