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

.. PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN Sandra B. Mor

Secretary of St DIVISION OF CORPO ATIONS

1998 DOCUMENT # P97000035614 (1)

M & J DONUTS #9, INC.

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



Principal Place of Business 18714 NW 67 AVE 18714 NW 67 AVE MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1997 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CAPOTE, BEATRIZ M 1101 BRICKELL AVE 17FL Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 R3 City 85 Zip Code 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, typud or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President DELETE TITLE 1.1 TITLE Change ☐ Addition MARIANO SANTOS NAME 12 NAME 8124 NW 151 Tell STREET ADDRESS 1.3 STREET ADDRESS MIRHI 33016 CITY-ST-ZIF 1.4 CMTY-ST-ZIP DELETE Change Addition TITLE President 2.1 T NAME 2.2 N STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE TITLE Change 3.1 T Addition NAME 3.2 NUME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 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.