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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053228

1. Corporation Name

B & J GROUP, INC.

Principal	Place	of	Business
Principal	Place	of	Business

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90044 012 ***150.00



							918 11881 1811 1891
Principal Place of Business Mailing Address							
15619 SW 112	DRIVE	15619 SW 112 DRIVE					
HOUSE		HOUSE MIAMI FL 33196		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33196		MINNI IL JOIO			3. Date Incorporated or Qualifed		
					06/16/1997		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	\Box	Applied For
21		26			65-0787634		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27			5. Germente di Grando Boorida	Fee	Required
City & Stat	e •	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	У	8. This corporation owes the current year Intan		□No
24	25		30		Totalia Tipping	∐ Yes_	Пио
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Registered Ag	zem	
IADA	AMILLO, PATRICIO A		*	Ivame			
	IS SW 112 DRIVE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	MI FL 33196			9			
MAIM	III 1 E 33 130		8	31			
			8	4 City	FL	85 Zi	ip Code
					poration submits this statement for the purpose of ch	يبل	14T-4
SIGNATURE	Signature, typed or printed name of registered ag			ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO DEFICERS AND	DIREC	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	ie Tycourc
NAME	JARAMILLO, PATRICIO		1.2 NAME				
STREET ADDRESS	!		4	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196	- Devere	1.4 CITY			Chang	e 🗍 Additio
TITLE		☐ DELETE	2.1 TITLE	i i		- Chané	ie Dynamic
NAME			2.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		C DELETE	2. 4 CITY		_	Chang	je ∏Additio
TITLE		☐ DELETE	3.1 TITLE				~ □aaa
NAME			3.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ DELETE	3.4. CITY			Chang	ge
TITLE		[] DETEIF	4.1 TITLE				
NAME			4. 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY			Chang	ge 🗀 Additio
TITLE		□ pereis	5.1 TITLE 5.2 NAMI				,- 🗀
NAME				ET ADDRESS			
STREET ADORESS			5.3 STRE	1			
CITY-ST-ZIP		□ DELETE	6.1 TITLE			☐ Chang	ge 🔲 Additio
TITLE ,, .	- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		6.2 NAM	i		^.m.	
NAME .	3			ET ADDRESS			
STREET ADDRESS			6.3 \$ IRE	ET AUUKESS			

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE: