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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 97000080449

Principal Place of Business	Mailing Address	
2300 CORAL WAY	2300 CORAL WAY	
#200	#200	
MIAMI FL 33145	MIAMI FL 33145	

FILED May 07 1998 8:00am Secretary of State

J.P.CAFETERIA INC. FILTH HILL (ADDITION OF COMPLETE BEHAVIOR OF THE COMPLETE COMPLIENCE COMPLETE COMPLIENCE COMPLETE COMP DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 8-1-97 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2300 CORAL WAY 2300 CORAL WAY 65-0783286 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required **SUITE** # 200 **SUITE # 200** City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI, 28 MIAMI, Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 25 US 33145 30 US 33145 Personal Property Tax due June 30. T Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLORIDA ANNUAL REPORT SERVICE INC. Street Address (P.O. Box Number is Not Acceptable) 2300 COARL WAY, SUITE # 200 MIAMI FLORIDA 33145 83 City Zip Code 607 1508. Flotipa Statutes the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered edition 607,0505. Florida Statutes. AMADA CANTERA LOPEZ.PRES 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE P / PENA FIDEL NAME 127 NORTH MIAMI AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FLORIDA 33128 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE S/T/ PENA FRANCISCO NAME 2.2 NAME 127 NORTH MIAMI AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FLORIDA 33128 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP OELETE RI DITE TITLE 100002517971 NAME 6.2 NAME -05/11/98--01013--019 6.3 STREET ADDRESS STREET ADDRESS ***150.00 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

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