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

PROFIT **CORPORATION ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000096966 (1)

FILED Jun 23 1998 8:00am Secretary of State

J.J. & J DELIVERIES & SE	RVICE INC.			
Principal Place of Business	Mailing Address			16 (0)10 0(110 15)16 5)46 641 1501
7280 WEST 10TH AVENUE HIALEAH FL 33014	7280 WEST 10TH AV HIALEAH FL 33014	'ENUE	DO NOT WAITE IN THE	10 00 to 5
			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
			11/13/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		#81- 65-079 55 5G	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	Cily & State		8. Election Campaign Financing	\$5.00 May Be
Zip Country	28]	T-0:-	Trust Fund Contribution	Added to Fees
	Zip	Country	8. This corporation owes or has paid the o	
24 25 25 Name and Address of	[29] Current Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
DIAZ, REINALDO		81 Name	It, Hame and Address of New Registers	o Agent
7280 WEST 10TH AVENUE		<u> </u>		
HIALEAH FL 33014		82 Street A	Address (P.O. Box Number is Not Acceptable)	
7.11.12.11.17.2.000.17		83		
•		84 City	· · · · · · · · · · · · · · · · · · ·	
•		84 City	F	L 85 Zip Code
SIGNATURE Signifiant Specific principles (1927)	<u> </u>	OH . flegistered Agent tignature r	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a country of the purpose oration's board of directors. I hereby accept the a country of the purpose oration's board of directors. I hereby accept the acceptance of the purpose or the purpose	<u> </u>
TITLE D	DELTTË	1.1 10116	7.15011010701777000 10 011101710 11	Change Addition
NAME DIAZ, RICINALDO		1.2 NAME		
STREET ADDRESS 7280 WEST 10TH AV	ENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33014		1.4 CITY- ST- ZIP		
TITLE	DELETE	2 1 1MLE		Change Addition
NAME		22 NAM(
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Dougs	2. 4 C(1Y+ST-Z)P		
NAME	L) orthe	3.1 Till E		Change Addition
STREET ADDRESS		3.2 NAME 3.3 STREET ADORESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
Title	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		cooling
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		4 4 CiTY-S1-7iP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CiTY-ST-ZIP	· ··	5.4 C(1 y - ST - Z(P		
TITLE	DOTTETE	6.1 1(1).E		Change Addition
NAME		6.2 NAME	7000025 720 -06/25/38010230	122 ' YV13
STREET ADDRESS		6.3 STREET ADDRESS	***150,00	101

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 topic mental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an an exerciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a florida statutes. I hereby certify that the intorpoindicated on this annual report officer or director of the corpo Block 12 or Block 13 if chang