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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90086 049 \*\*\*158.75

DOCUMENT # *P98000022930*

1. Corporation Name

*New York Provisions Company*

Principal Place of Business

Mailing Address

*c/o Jose Chavez Jr.  
925 N.W. 202<sup>nd</sup> Terrace  
Pembroke Pines, FL 33029*

*c/o Jose Chavez Jr.  
925 N.W. 202<sup>nd</sup> Terrace  
Pembroke Pines, FL 33029*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*03/11/1998*

2. Principal Place of Business

2a. Mailing Address

21 *925 N.W. 202 TERRACE*

26 *925 NW 202 TERRACE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *Pembroke Pines*

28 *Pembroke Pines FL*

Zip

Country

Zip

Country

24 *33029*

25 *USA*

29 *33029*

30 *USA*

9. Name and Address of Current Registered Agent

*Jose Chavez Jr.  
925 NW. 202<sup>nd</sup> Terrace  
Pembroke Pines, FL 33029*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PVD* ☐ DELETE

NAME *Jose Chavez Jr.*

STREET ADDRESS *925 NW 202 TERRACE*

CITY-ST-ZIP *Pembroke Pines, FL 33029*

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)