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 # S03273

J & J AMERICA MARKETING, CORP.

(7)

FILED

Apr 28 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address

10597 NW 8TH 8T. PEMBROKE PINES FL 33026 10597 NW 8TH ST. PEMBROKE PINES FL 33026

PEMBRONE PINED IE 330EV	FEMDRONE FINES PE 33020		DO NO	DO NOT WRITE IN THIS SPACE		
			 Date Incorporated or C 09/26/1990 	ualified		
2. Principal Place of Business	2a. Mailing Address			Applied For		
21 3501 W SUNRISE BLVD	26		65-0217643		Not Applicable	
Sulte, Apt. #, etc. 22 NIPC38	Suite, Apt. #, etc.		5. Certificate of Status De	sired	\$8.75 Additional Fee Required	
City & State 23 FT. LANDER DALE, FL	City & State		6. Election Campaign Fin Trust Fund Contribution	` —	\$5.00 May Be Added to Fees	
Zip Country	Zip Co	ountry	8. This corporation owes	or has paid the c		
24 33311 25 051	29 30		Personal Property Tax	due June 30.	Yes 🗹 No	
9. Name and Address of Current	Registered Agent		10. Name and Address of	New Registere	d Agent	
RAMIREZ, JOSE Q.		81	Name			
10597 NW 8TH ST. PEMBROKE PINES FL 33026		82	Street Address (P.O. Box Number is Not	Acceptable)		
PEMBROKE PINES FL 33026						
		84	City	F	L 85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida Such change was authorize	ed by I	named corporation submits this statemen he corporation's board of directors. I here	for the purpose by accept the ap	of changing its registered ppointment as registered	

•	m familiar with, and accept the obligations of, Section 60	7.0505, Flori	da Statutes.	rations busined intercors. Thereby accept the appointment as	_8.5.5.50
SIGNATURE	Signature, typed or printed name of registered agent and title 4 appricable	(NOTE: F	Registered Agent signature re-	quired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE		DELETE	1.1 TITLE	Change	Additio
NAME	ramirez, jose Q.		1.2 NAME		
STREET ADDRESS	10597 NW 8TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		14 City-ST-ZIP		
TITLE	VSD	DELETE	21 TITLE	Change	Additio
NAME	Ramirez, Jose Q.		2.2 NAME		
STREET ADDRESS	10597 NW 8TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE] []	DELETE	4.1 31TLE	☐ Change	Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE	[]	DELETE	5.1 TITLE	Change	Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DEL ete	6.1 TITLE	Change	Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. Thereby 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 rectiver 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.

SIGNATURE.

異常日の日前の日前においめをあるとなりとして、中から大変が書いているのはの名が現るまで書きでして、日本のののはないである。

04/10/98 (044)470:15-10