

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 15 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G56224 (0)
 1. Corporation Name
JOTIKEN ENTERPRISES, INC.



Principal Place of Business 300 N. W. 128TH AVE. MIAMI FL 33182	Mailing Address 300 N. W. 128TH AVE. MIAMI FL 33182 6092 Spring Creek Ct Mt. Dora Fl. 32757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100-110-120 W. 20 ST	2a. Mailing Address 26 6092 Spring Creek Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Hialeah FL.	28 City & State Mt. Dora FL.
24 Zip 33	25 Country USA
29 Zip 32757	30 Country USA

3. Date Incorporated or Qualified 08/19/1983	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2460965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RODRIGUEZ JR, JOSE A
 300 NW 128 AVE
 MIAMI FL 33182**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ JR, JOSE A	
STREET ADDRESS	300 NW 128 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RIDRIGUEZ, LEAH	
STREET ADDRESS	300 NW 128 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIANA RODRIGUEZ	
STREET ADDRESS	1863 Sunset View Circle	
CITY-ST-ZIP	Apopka, Fl. 32703	
TITLE	Treasure	<input type="checkbox"/> DELETE
NAME	Teresa Rodriguez	
STREET ADDRESS	1839 Hwy 120	
CITY-ST-ZIP	Bristol GA 31518	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ DATE **9-15-97 (2E) 735-6917**

CR2E034 (4/97)