

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90016 015 *****8.75
 07-14-1999 90016 016 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G56224 ✓
 1. Corporation Name
JOTIKEN ENTERPRISES, INC.



Principal Place of Business 100-110-120 W 28 ST HIALEAH FL 33182 US	Mailing Address 6042 SPRING CREEK ST MT DORA FL 32757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2460965	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year Intangible Personal Property.	<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		Rodriguez Jr. Jose A.					
82 Street Address (P.O. Box Number is Not Acceptable)		6042 Spring Creek Ct					
83							
84 City		Mt. Dora		85 Zip Code FL 32757			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ JR, JOSE A		1.2 NAME	RODRIGUEZ JR, JOSE A	
STREET ADDRESS	300 NW 128 AVE		1.3 STREET ADDRESS	6042 Spring Creek Ct.	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDRIGUEZ, LEAH		2.2 NAME	RODRIGUEZ, LEAH	
STREET ADDRESS	300 NW 128 AVE		2.3 STREET ADDRESS	6042 Spring Creek Ct.	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DIANA		3.2 NAME	RODRIGUEZ, DIANA	
STREET ADDRESS	1883 SUNSET VIEW CIR		3.3 STREET ADDRESS	1637 Boulder Creek Ct.	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	TRODRIGUE TERESA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, TERESA		4.2 NAME	TERESA	
STREET ADDRESS	1839 HWY 121		4.3 STREET ADDRESS	613 Center Hill Dr.	
CITY-ST-ZIP	BRISTOL GA		4.4 CITY-ST-ZIP	Blackshear, GA 31516	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE: Jose A. Rodriguez Jr President 7-7-99 (352) 785-6907
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)