

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89370** (8)

1. Corporation Name
JOLUAN FINANCING, INC.



Principal Place of Business Mailing Address
C/O J. LUIS QUINTANA
~~2030 PONCE DE LEON BLVD. #1120~~
CORAL GABLES FL 33134
C/O J. LUIS QUINTANA
8939 PONCE DE LEON BLVD. #1120
CORAL GABLES FL 33134

2. Principal Place of Business 2a. Mailing Address
21 338 Minorca Ave 26 338 Minorca Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 - 27 -
23 Coral Gables, FL 28 Coral Gables, FL
City & State City & State
24 33134 25 US 29 33134 30 US
Zip Country Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report
10/23/1991 06/23/1995
4. FEI Number Applied For
65-0293782 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
QUINTANA, LUIS J
~~2330 PONCE DE LEON BLVD.~~
~~SUITE 1120~~
CORAL GABLES FL 33134
81 Name J. L. Quintana
82 Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Ave
83 -
84 City Coral Gables FL 85 Zip Code 33134

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 _____ (Print Name, Registered Agent, or other responsible officer or director) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BERTELLO-SEGU, LUIS F.	1.2 NAME	Bertello-Segu, Luis F
STREET ADDRESS	2330 PONCE DE LEON BLVD., #1120	1.3 STREET ADDRESS	338 Minorca Ave
CITY- ST- ZIP	CORAL GABLES FL	1.4 CITY- ST- ZIP	Coral Gables, FL 33134
TITLE	D	2.1 TITLE	D
NAME	BERTELLO, ANTONELLA	2.2 NAME	Bertello Antonella
STREET ADDRESS	2330 PONCE DE LEON BLVD., #1120	2.3 STREET ADDRESS	338 Minorca Ave
CITY- ST- ZIP	CORAL GABLES FL	2.4 CITY- ST- ZIP	Coral Gables, FL 33134
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Antonella Bertello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/96

CR2E034 (12/95)