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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 381885 (3)

1. Corporation Name
JO-VIJO, INC.



Principal Place of Business
709 N.W. 2ND STREET
HALLANDALE FL 33009

Mailing Address
709 N.W. 2ND STREET
HALLANDALE FL 33009

3. Date Incorporated or Qualified 05/11/1971 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1352971	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. City & State	27. City & State				
23. Zip	28. Zip				
24. Country	29. Country	30. Country			

9. Name and Address of Current Registered Agent

DINAPOLI, VIOLA
109 HARVARD RD.
HOLLYWOOD FL

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D ARENA, MICHELLE	1.1 TITLE	
NAME	42 RONALD RD	1.2 NAME	
STREET ADDRESS	HOLLYWOOD, FL 0	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WOODS, JOANN	2.1 TITLE	
NAME	105 HARVARD RD	2.2 NAME	
STREET ADDRESS	HOLLYWOOD, FL 0	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD DI NAPOLI, VIOLA	3.1 TITLE	
NAME	109 HARVARD RD	3.2 NAME	
STREET ADDRESS	HOLLYWOOD, FL 0	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: *Michelle M. Arena* 4/29/96 (254) 962-4183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)