

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G33084 (6)**

1. Corporation Name  
**JOELO INC.**



Principal Place of Business <b>55 W. CHURCH ST                  #101                  ORLANDO FL 32801                  US</b>	Mailing Address <b>P.O. BOX 570105                  ORLANDO FL 32807                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>04/13/1983</b>	4. FEI Number <b>59-2286896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
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

**RIVAS, JOSE A.  
 1916 CENTRAL PARK  
 ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name **RIVAS, ELOILDA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1916 CENTRAL PARK AVE**  
 83  
 84 City **Orlando** FL 85 Zip Code **32807**

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 *Jose A. Rivas* DATE **3-13-98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PTD</b>	<input type="checkbox"/>
NAME	<b>RIVAS, ELOILDA</b>	
STREET ADDRESS	<b>1916 CENTRAL PARK AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/>
NAME	<b>RIVAS, JOSE A</b>	
STREET ADDRESS	<b>1916 CENTRAL PARK AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Eloilda Rivas* **Eloilda Rivas** Date **2-20-98** Davina Phone # **4072430187**

CR2E034 (10/97)