FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Morth

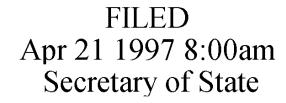
Secretary of Stat DIVISION OF CORPOR ONS

1997

DOCUMENT # J51269

(5)

JOMITO CORPORATION





Principal Place of Business % CARLOS E. FAXAS 2109 4TH AVENUE TAMPA FL 33605		Mailing Address * CARLOS E. FAXAS 2109 4TH AVENUE TAMPA FL 33805-5304							
ł 			ļ		 Date Incorporated or Qualified 01/05/1987 		ate of Las /29/199		
2. Principal P	Place of Business	26. Mailing Address			4. FEI Number 59-2755559	المرتب المام		Applied Not App	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		— —	5 Addition	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution			00 May 6 ed to Fee	
Ζφ 24	Country 25	Zip 29	Count	У	This corporation has liability for Florida Statutes	intangible Yes		er s. 199.0	032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered	Agent		
FAX	KAS, CARLOS E.		8	Name					
5106 CRESTHILL DR TAMPA FL 33615				Street Add	dress (P.O. Box Number is Not Acceptable)				
]			6						
			84	1 "	poration submits this statement for the p	FL	- []	ip Code	
agent Ta	am familiar with, and accept the obtained familiar with, and accept the obtained familiar transfered or printed name of registered. OFFICERS A				nited when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	D DIRECT	ORS IN 1	12
TOLE	PO	DELETE	1 1 TITLE			D, 10 1 11 1	Chang		Addition
NAME	FAXAS, CARLOS E.	Date	1.2 NAME	i i				. –	
STREET ADDRESS	5106 CRESTHILL DR		•	T ADDRESS					
City - S1 - ZIP	TAMPA FL		1.4 CITY-	1					
TITLE		DELETE	2.1 TITLE			•	Chan	ge 🔲 i	Addition
NAME I			2.2 NAME						
STREET ADDRESS			2.3 STRE	T ADDRESS					
CITY - S1 - ZIP			2. 4 CITY	- ST-ZIP					
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NAME			3,2 NAME						
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1171.6		☐ DELETE	6.1 TITLE				Chan	ps LJ/	Addition ;
NAME			6.2 NAM8	ï					
STREET ADDRESS				ET ADORESS					
CHTY-ST-ZIP			64 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 roceiver 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 chapter 607 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR