FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K61209 ...

FILED Sep 10, 2002 8:00 am Secretary of State 09-10-2002 90228 043 ***150.00

2. Principal Place of Business 9.5.99 COLLINS AVE. 9.559 COLLINS AVE. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 COLLINS AVE. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 COLLINS AVE. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 CO. 9.550 COLLINS AVE. 9.550 CO. 9.550 C	'n	O NOT WOIT	E IN TUIC	SDACE				
9559 COLLINS AVE. 9569 COLLINS AVE. 1002			E IIV. (III)	SIACE			9789	32
Soline, Apt. #, etc. #1002 #10					v malai. A			
#1002 #1002								
SURFSIDE, FL Zip 33159 County DADE County				7, 610.		DO NOT WR	ITE IN THIS SPAC	;E
Signature Special Sp			City & State	e DEL FI			İ	
DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE Step Address (P. Do Box Number is Not Acceptable) Step Address (P. Do Box Number is Not	Zip	Country	Zip	Country				75 Additional
DONOT WRITE IN THIS SPACE Stee Address P.O. Do Nontmber is Not Acceptable 9559 COLLINS AVE. #1002	22123	FALLE	133133	DADE	7. Nam	e and Address of Curre		
IN THIS SPACE Street Address P.D. Box Number is Not Acceptable 9559 COLLINS AVE. # 1002			744 44C		OT. OV	SF.		
IN THIS SPACE SURFSIDE S		DO NOT I	WRITE	Street A	idress (P.O. E	Box Number is Not Accept	table)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intengible Tax filting requirement and elects to do so After May 1. Fee is \$550.00 Anterided URR is \$61.25 10. Election Campaign Financing \$5.00 May Be Added to Fees \$550.00 Anterided URR is \$61.25 11. OFFICERS AND DIRECTORS 12. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. ST. JP 18. SURFSIDE, FL 33159 19. STREET ADDRESS 19. SURFSIDE, FL 33159 10. STREET ADDRESS 10. STREET ADDRESS 10. STREET ADDRESS 10. ST. JP 10. OFFICERS ADDRESS 10. STREET ADDRESS 10. STREET ADDRESS 10. STREET ADDRESS 10. STREET ADDRESS 10. ST. JP 10. OFFICERS 10. ST. JP 10. OFFICERS 10. STREET ADDRESS 10. ST. JP 10. ST. JP 10. ST. JP 10. ST. JP 11. ST. JP 11. ST. JP 12. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. ST. JP 18. STREET ADDRESS 19. STREET ADDRESS 19. STREET ADDRESS 10.		P. PILITINI S	SPACE	9559	COPPI	NS AVE. #IU	102	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. New Control of the Control of				City				n Code
SIGNAT URE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE	Sat Aller		trial Alian					3159
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1. Fee is \$150.00 Arter May 1	8. The above	named entity submits this state	ement for the purpose	of changing its registered off	ce or register	ed agent, or both, in the S	State of Florida	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1. Fee is \$150.00 Arter May 1	SIGNATURE	-				· · · · · · · · · · · · · · · · · · ·		
After May 1, Fee is \$550.0 May Be Tax filling requirement and elects to do so Make Check Payable to Department of State Amended UBR is \$481.25 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Added UBR is \$481.25 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Added UBR is \$481.25 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Added UBR is \$481.25 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of	Las a services		TO MADELIA AND MADE	nature required when reinstat	ing) D	PATE
(See criteria on back) Make Check Payable to Department of State Make Check Payable to Department of State			itangible 200	After May 1. Fee is \$550.00		.10. Election Campaign	Financing	. \$5.00 May Be
TITLE NAME OJALVO, JOSE STREET ADDRESS CITY - ST - ZIP SURFSIDE; FI: 33159 TITLE DVP NAME OJALVO, JULIA STREET ADDRESS OTY - ST - ZIP SURFSIDE, FI: 33159 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST			1 3 3 3 3		of State	Trust Fund Contrib	ution.	Added to Fees
WAVE STREET ADDRESS OTY - ST - ZP SURFSIDE, FL 33159 OTY - ST - ZP TITLE NAME STREET ADDRESS CITY - ST - ZP TITLE NAME STREE	11.	OFFICERS A	ND DIRECTORS		SAL DEX	PACE AND A SECTION OF	e qui adat tota	ariya unar
STREET ADDRESS OTY - ST - ZIP SURFSIDE; FL 33159 TITLE DV P OJALVO, JULIA STREET ADDRESS OTY - ST - ZIP SURFSIDE, FL 33159 TITLE NAME STREET ADDRESS OTY - ST - ZIP TITLE NAME STREET ADDRES				The matter for the first first and				
SURFSIDE; FI 33159 CITY ST ZIP DVP OJALVO, JULIA STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CIT			AVE. #1002	■製作之で発送した。 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・				
NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP					Antonia Harman		AND SHOULD BE ALL THE	
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP								
CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE TITLE NAME STREET ADDRESS CITY - ST - ZIP	· ·	19559 COLLINS	AVE. #1002	Torrespond the second second				
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					Park Siring	Transfer to the second	SHALL SH	
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					A second			
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NA				5, 75c, 777		DONO		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST				COTY - ST - ZIP				
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP				PERSONAL PROPERTY OF THE PARTY	y ().	WIN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY								
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TAME STREET ADDRESS CITY - ST - ZIP TAME STREET ADDRESS CITY - ST - ZIP Take 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	CITY - ST - ZIP			- CITY: ST: ZIP				
STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP 13. Lipereby 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								
TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. Libereby 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				1, Cont. 1 at 1				
NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP 13. L 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				\$100 to 100 to 1			2.44.54.4.75.1 44.4.4.10.10.10.10.10.10.10.10.10.10.10.10.10.	NE TALE TO SE
STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP 13. L 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	TITLÉ NAME			No. 1 R WHISH				
13. 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			_	4 2 4 5 2 4 4 5				
13. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am				411 71 140 1011 7 7 1 0				
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	informatio	n indicated on this report or sup	optemental report is true	e and accurate and that my s	ignature shall	have the same legal effe	ect as if made unde	er oath; that I am
	appears ir	i Block ii or on an attachment i	with an address, with a	ili oliler like empowered.		1 1		
SIGNATURE: X (me Orly) - JOSE OJAWO X 8/27/02 30/5920520		Block 11 or on an attachment	with an address, with a	DSE OTAWO	X	8/20/0	2 2011	920025

Leon Egozi, P.A.

19495 Biscayne Boulevard, Suite 705

attachment

Certified Public Accountant

K101209

Phone: (305) 937-2664 Fax: (305) 937-0128

Aventura, Florida 33180

September 4, 2002

Uniform Business Report Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Javes Corp.

EIN: 65-0103999 DOCUMENT # K61209

Dear Sir/ Madam:

Included please find the corporation annual report for the above referenced taxpayer along with a check for \$150.00. It is filed late because due to their address change they never received any correspondence from your office.

Please process the report and abate the late penalty. If you have any questions, I can be reached at 305-937-2664.

Sincerely,

Leon Egozi, CPA

Enclosures

cc:\ Jose Ojalvo