

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L11724 (6)
1. Corporation Name
JOVECA CORPORATION



Principal Place of Business Mailing Address
501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE
SUITE 300 SUITE 300
MIAMI FL 33131 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 c/o Lyons and Smith P.A. | | 26 c/o Lyons and Smith, P.A. | | 08/28/1989 | | 04/19/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 1230 NW 7 Street | | 27 1230 NW 7 Street | | 65-0144240 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 23 Miami FL | | 28 Miami FL | | <input type="checkbox"/> | | 5.00 May Be Added to Fees | |
| Zip | | Country | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> | |
| 24 33125 | | 25 Dade | | 29 33125 | | 30 Dade | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

EVANS, LAWRENCE S.
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131

81 Name Gary V. Smith
82 Street Address (P.O. Box Number is Not Acceptable) 1230 NW 7 Street
83
84 City Miami FL 85 Zip Code 33125

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 Gary V. Smith 8/14/97
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|------------------------------|---|---------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | D/P |
| NAME | OTTATI, JOSE L. P | 1.2 NAME | DaSilva, Luis Pinto |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE, #300 | 1.3 STREET ADDRESS | c/o Lyons and Smith, 1230 NW 7 Street |
| CITY-ST-ZIP | MIAMI FL 33131 | 1.4 CITY-ST-ZIP | Miami FL 33125 |
| TITLE | D | 2.1 TITLE | V |
| NAME | DESILVA, LUIS P | 2.2 NAME | Pinto-Ottati, Jose Luis |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE, #300 | 2.3 STREET ADDRESS | c/o Lyons and Smith, 1230 NW 7 Street |
| CITY-ST-ZIP | MIAMI FL 33131 | 2.4 CITY-ST-ZIP | Miami FL 33125 |
| TITLE | D | 3.1 TITLE | S |
| NAME | SOARES, FERDINANDO E | 3.2 NAME | Pinto-Ottati, Beatriz Cristina |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE, #300 | 3.3 STREET ADDRESS | c/o Lyons and Smith, 1230 NW 7 Street |
| CITY-ST-ZIP | MIAMI FL 33131 | 3.4 CITY-ST-ZIP | Miami FL 33125 |
| TITLE | D | 4.1 TITLE | |
| NAME | PINTO-OTTATI, CARLOS E | 4.2 NAME | |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE, #300 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | |
| NAME | EVANS, LAWRENCE S | 5.2 NAME | |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE, #300 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 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 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 REQUINS Pinto DaSilva 8-14-97

CR2E034 (4/97)