

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M52075 (2)**

1. Corporation Name  
**JOEL INTERNATIONAL CORP.**



Principal Place of Business: **799 BRICKELL PLAZA, 606 MIAMI FL 33131 US**  
Mailing Address: **901 PONCE DE LEON BLVD, 701 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **05/13/1987**  
3a. Date of Last Report: **06/15/1995**  
4. FEI Number: **59-2843110**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **SAEZ PEDRO P, 901 PONCE DELEON BLVD, SUITE 701, CORAL GABLES FL 33134**  
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ ALFAU, MANUEL</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR., SUITE 700</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ RODRIGUEZ, MAN</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR., SUITE 700</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ ALFAU, JOSE DE JESUS</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR., SUITE 700</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>901 PONCE DE LEON #701</b>
1.4 CITY- ST- ZIP	<b>CORAL GABLES, FL. 33134</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>901 PONCE DE LEON BLVD. #701</b>
2.4 CITY- ST- ZIP	<b>CORAL GABLES, FL. 33134</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>901 PONCE DE LEON BLVD. #701</b>
3.4 CITY- ST- ZIP	<b>CORAL GABLES, FL. 33134</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>000001829380</b>
5.4 CITY- ST- ZIP	<b>-05/20/96--01047--033</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>***200.00</b>
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: **JOSE FERNANDEZ ALFAU** 4/17/96 (809) 685-2161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5/4/96