

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1995



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

FILED

95 JUL 28 PM 1:06

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P27025 (6)

1. Corporation Name
JOSHUA GENERATION INTERNATIONAL NETWORK, INC.

Principal Place of Business Mailing Address
4748 WHITE TAIL LANE 4748 WHITE TAIL LANE
NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1989	3a. Date of Last Report 01/24/1994
4. FEI Number 33-0375817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Zip	25 Country	29 Zip	30 Country
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9. Name and Address of Current Registered Agent
PASCUA, JOSE V.
4748 WHITE TAIL LANE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PASCUA, JOSE V.
STREET ADDRESS	4748 WHITE TAIL LANE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	V
NAME	GOLDMAN, BRUCE
STREET ADDRESS	708 PANORAMA
CITY - ST - ZIP	FULLERTON CA
TITLE	S
NAME	TARI, MEL
STREET ADDRESS	25178 DANA BIRCH
CITY - ST - ZIP	DANA POINT CA
TITLE	T
NAME	SMITH, ED
STREET ADDRESS	18721 AMBERWOOD WAY
CITY - ST - ZIP	CERRITOS CA
TITLE	D
NAME	NOVELLI, RAY
STREET ADDRESS	21 LINDA ISLE
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	D
NAME	PERKINS, BYRON
STREET ADDRESS	1089 WESTPARK LANE
CITY - ST - ZIP	CORONA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. Ray McMurtry
2.3 STREET ADDRESS	5728 Crown Drive
2.4 CITY - ST - ZIP	Mira Loma, CA 91752
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	
5.4 CITY - ST - ZIP	
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ken Smuland
6.3 STREET ADDRESS	9 Via Cresta
6.4 CITY - ST - ZIP	Rancho Santa Margarita, CA 92688

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 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE: JOSE V. PASCUA President July 18, 1995 (813) 376-2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E037 (3/95)