SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT SECRETARY OF STATE Secretary of State 1996 DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS P93000044641 (7) DOCUMENT # 96 SEP -6 PH 2: 34 JOYCE VIRK ENTERPRISES INC Principal Place of Business Mailing Address 48 E. FLAGLER ST. 48 E FLAGLER ST MIAMI FL 33131 **STE 43** HS MIAMI FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report U\$ 06/24/1993 06/13/1995 Principal Place of Business Mailing Address FEI Number 2a. Applied For 21 26 65-0426382 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CAMPOS, J. FELIX 10224 VESTAL CT 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Stynature: typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 117006 Change Addition VIRK, JASVINDERBIR S NAME 1.2 NAME CR2E034 140 S CYPRESS RD #128 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 CITY - ST - ZIP 40000104 -09/12/96 --01107 TITLE DELETE 21 THILE CAMPOS, J. FELIX NAME 22 NAME ****375.00 ****375.00 10224 VESTAL CT STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 THLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CHY-ST-ZIP TITLE DELETE 4.1 THILE Change ____ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZiP Title DELETE 5.1 TIFLE Change Addition MAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-7/2 64 CITY - ST-7IP 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 617, Florida Statutes, and

SIGNATURE:

that my name appear

MURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. FELIX

ock 12 or Block 13 if changed, or on an attachment with an address

CAMPOS

ef5196

305-372-8288

(36/8)