

**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 # **P94000049310 (3)**

1. Corporation Name

**JOEL ENTERPRISES OF MIAMI, INC.**



Principal Place of Business

1030 N.W. 3RD STREET  
MIAMI FL 33128

Mailing Address

1030 N.W. 3RD STREET  
MIAMI FL 33128

21. Principal Place of Business

Street, Apt. #, etc.

22. City & State

23. Zip

Country

24.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

**PEDROSO, ONELIO**  
1030 N.W. 3RD STREET  
MIAMI FL 33128

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

10/05/1995

4. FEI Number

65-0507254

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature of the Director or Registered Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>12.1 TITLE</p> <p>12.2 NAME</p> <p>12.3 STREET ADDRESS</p> <p>12.4 CITY - ST - ZIP</p> <p>12.5 TITLE</p> <p>12.6 NAME</p> <p>12.7 STREET ADDRESS</p> <p>12.8 CITY - ST - ZIP</p> <p>12.9 TITLE</p> <p>12.10 NAME</p> <p>12.11 STREET ADDRESS</p> <p>12.12 CITY - ST - ZIP</p> <p>12.13 TITLE</p> <p>12.14 NAME</p> <p>12.15 STREET ADDRESS</p> <p>12.16 CITY - ST - ZIP</p> <p>12.17 TITLE</p> <p>12.18 NAME</p> <p>12.19 STREET ADDRESS</p> <p>12.20 CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>13.1 TITLE</p> <p>13.2 NAME</p> <p>13.3 STREET ADDRESS</p> <p>13.4 CITY - ST - ZIP</p> <p>13.5 TITLE</p> <p>13.6 NAME</p> <p>13.7 STREET ADDRESS</p> <p>13.8 CITY - ST - ZIP</p> <p>13.9 TITLE</p> <p>13.10 NAME</p> <p>13.11 STREET ADDRESS</p> <p>13.12 CITY - ST - ZIP</p> <p>13.13 TITLE</p> <p>13.14 NAME</p> <p>13.15 STREET ADDRESS</p> <p>13.16 CITY - ST - ZIP</p> <p>13.17 TITLE</p> <p>13.18 NAME</p> <p>13.19 STREET ADDRESS</p> <p>13.20 CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: *Onelio Pedroso*

ONELIO PEDROSO 7/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)