

BEWARE: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY - 1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054573 (8)**

JOSEL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **41 NW 20TH ST SUITE F-1 PLUM PARK BOCA RATON FL 33431**
Mailing Address: **141 NW 20TH ST SUITE F-1 PLUM PARK BOCA RATON FL 33431**

SAME →

3. Date of Preparation of Quotient: 07/22/1994	3a. Date of Last Report:
4. FEI Number: 65-0520531	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
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
8. This corporation has liability for intangible tax under S. 190.012, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

26. Mailing Address:	27. State, Apt. #, etc.:
28. City & State:	29. City & State:
30. Zip:	31. Zip:

9. Name and Address of Current Registered Agent

MCDONALD, STEPHEN J ESO
315 SE 7TH ST SUITE 303
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. City:
B5. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2), (3) and 607.14(9), 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 operation of, Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

FILE	D
NAME	IZQUIERDO, JOSE LUIS H
STREET ADDRESS	141 NW 20TH ST SUITE F-1 PLUM PARK
CITY, STATE, ZIP	BOCA RATON FL 33431
FILE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ JOSE LUIS	
STREET ADDRESS	(last name) (first name)	
CITY, STATE, ZIP		
FILE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
FILE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
FILE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subjects to Section 607.01(2)(b), Florida Statutes. I further certify that the information included in 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 person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, as applicable, with an address.

SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95