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 # P94000056965 (4)

1. Corporation Name

JOHELY CORP.

Principal Place of Business

~~2450 N.E. 135TH STREET~~
~~#706~~
~~NORTH MIAMI FL 33181~~

Mailing Address

~~2450 N.E. 135TH STREET~~
~~#706~~
~~NORTH MIAMI FL 33181~~

2. Principal Place of Business	2a. Mailing Address
21 113 SE 1ST AVENUE	26 113 SE 1ST AVENUE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131 Country 25 US	Zip 29 33131 Country 30 US.

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0509555 — 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

9. Name and Address of Current Registered Agent

DE PAULA, HELY K
~~2450 N.E. 135TH STREET~~
~~#706~~
~~NORTH MIAMI FL 33181~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 113 SE 1ST AVENUE
84 City MIAMI FL 85 Zip Code 33131

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	DE PAULA, HELY K		1.2 NAME	
STREET ADDRESS	~~2450 N.E. 135TH ST. #706~~		1.3 STREET ADDRESS	3040 SW 27th AVENUE
CITY-ST-ZIP	~~NORTH MIAMI FL 33181~~		1.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	DE OLIVEIRA, JOAO F		2.2 NAME	
STREET ADDRESS	~~2450 N.E. 135TH ST. #706~~		2.3 STREET ADDRESS	3040 SW 27th AVENUE
CITY-ST-ZIP	~~NORTH MIAMI FL 33181~~		2.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — HELY K. DE PAULA

04/18/96 (305)530-0777
Date — Daytime Phone #

CR2E034 (12/95)