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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

113 SE 1ST AVENUE  
MIAMI FL 33131

Mailing Address

113 SE 1ST AVENUE  
MIAMI FL 33131-1001



3. Date Incorporated or Qualified  
08/02/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 121 SE 1ST STREET

Suite, Apt. #, etc.  
612

22 City & State  
MIAMI, FL

23 Zip  
33131

Country

2a. Mailing Address

26 121 SE 1ST STREET

Suite, Apt. #, etc.  
612

27 City & State  
MIAMI, FL

28 Zip  
33131

Country

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  
113 SE 1ST AVENUE  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
HELY K DE PAULA

82 Street Address (P.O. Box Number is Not Acceptable)  
121 SE 1ST STREET # 612

83

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 acknowledge obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/97

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DE PAULA, HELY K  
3040 SW 27TH AVENUE  
MIAMI FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DE OLIVEIRA, JOAO F  
3040 SW 27TH AVENUE  
MIAMI FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OF DIRECTOR

01/08/97

377-0444  
(305) 377-0445

CR2E034 (9/96)