

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 13 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 # P95000006372 (3)**

1. Corporation Name  
**JOSE MOJICA ADVERTISING SPECIALTIES, INC.**



Principal Place of Business Mailing Address  
**2050 W 56 STREET SUITE 32-324 HIALEAH FL 33016**  
**2050 W 56 STREET SUITE 32-324 HIALEAH FL 33016-2601**

3. Date Incorporated or Qualified **01/20/1995** 3a. Date of Last Report **03/14/1996**  
 4. FEI Number **65-0549995** 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

2. Principal Place of Business 2a. Mailing Address  
 21. **10209 Explorer Ct.** 26. **10209 Explorer Ct.**  
 State, Apt., etc. State, Apt., etc.  
 22. City & State 27. City & State  
**Tampa, FL** **Tampa, FL**  
 24. **33615** 25. **USA** 29. **33615** 30. **USA**

9. Name and Address of Current Registered Agent  
**MOJICA, JOSE**  
**2050 W 56 STREET SUITE 32-324**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent  
 81. Name **Mojica, Jose**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**10209 Explorer Ct.**  
 83. City **Tampa** 84. State **FL** 85. Zip Code **33615**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 1. TITLE **P**  DELETE  
 2. NAME **MAJICA, JOSE**  
 3. STREET ADDRESS **2050 W 56TH STREET #32-324**  
 4. CITY-ST-ZIP **HIALEAH FL**  
 5. TITLE  DELETE  
 6. NAME  
 7. STREET ADDRESS  
 8. CITY-ST-ZIP  
 9. TITLE  DELETE  
 10. NAME  
 11. STREET ADDRESS  
 12. CITY-ST-ZIP  
 13. TITLE  DELETE  
 14. NAME  
 15. STREET ADDRESS  
 16. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME **Mojica, Jose**  
 1.3 STREET ADDRESS **10209 Explorer Ct.**  
 1.4 CITY-ST-ZIP **Tampa, FL 33615**  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included 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 of this document, or on an attachment with an address.

SIGNATURE: *[Signature]* (SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DAYTIME PHONE #

CR2E034 (9/96)