

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024582 (5)

1. Corporation Name
JODASCO, INC.



Principal Place of Business
15910 SW 105TH COURT
MIAMI FL 33157
US

Mailing Address
15910 SW 105TH COURT
MIAMI FL 33157
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1218 ADUANA AVE Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL Zip Country 24 33146 25 USA		2a. Mailing Address 26 1218 ADUANA AVE Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL Zip Country 29 33146 30 USA		3. Date Incorporated or Qualified 03/27/1995	4. FEI Number 65-0577746 Applied For Not Applicable	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. Name and Address of Current Registered Agent

SCHMIDT, JOHN D.
15910 S.W. 105TH COURT
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
JOHN DAVID SCHMIDT
82 Street Address (P.O. Box Number is Not Acceptable)
1218 ADUANA AVE
83
84 City
CORAL GABLES FL 85 Zip Code
33146

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	1.1 TITLE	
NAME	SCHMIDT, JOHN D	1.2 NAME	JOHN DAVID SCHMIDT
STREET ADDRESS	7385 SW 123 TERRACE	1.3 STREET ADDRESS	1218 ADUANA AVE
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 in an attached document with an address.

SIGNATURE:  JOHN DAVID SCHMIDT 28 APRIL 1998 305-0577746

CR2E034 (10/97)