## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

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**DOCUMENT #** 

P95000052922 (8)

## JOELMARI ENTERPRISES CORPORATION

Principal Place of Business Mailing Address 8432 NW 166 TERRACE 8432 NW 166 TERRACE MIAMI FL 33016-6172 MIAMI FL 33016-6172



2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 1. Trust Fund Status Desired 8. This corporation has liability for intangible tax under s 199.032,							3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1995	
Solito, April et de la company	<del>-</del> -, ·						4. FEI Number Applied For	
28	—¬ '''						5. Certificate of Status Desired S8.75 Additional	
25   30	City & State City & State						40.00	
GLICK, THOMAS E 11900 BISCAYNE BLVD., STE. 740  N. MIAMI FL 33181  83  84  City  FL 85  Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the body of comments of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the body of comments of the provisions of changing its registered eigent. I am facilities with, and a cocept the obligations of Section 607,0505, Florida Statutes, the store of provides statutes, the store of corporation submists this statement for the purpose of changing its registered eigent. I am facilities with, and a cocept the obligations of Section 607,0505, Florida Statutes, the store of corporation submists this statement for the purpose of changing its registered eigent. I am facilities with, and a cocept the obligations of Section 607,0505, Florida Statutes, the corporation is board of directors. I hereby accept the appointment are registered eigent. I am facilities with a comment of directors. I hereby accept the appointment are registered eigent. I am facilities with a comment of directors. I hereby accept the appointment are registered eigent. I am facilities with a comment of directors. I hereby accept the appointment are registered eigent. I am facilities with a comment of directors. I hereby accept the appointment are registered eigent. I am facilities with a comment of directors. I hereby accept the appointment are registered eigent. I am facilities with a comment of directors. I hereby accept the appointment are registered eigent. I am facilities are registered eigent. I am facilities.  12.	Zip <b>24</b>	<del>   </del>		<u>├</u>	ntry			
GUCK, THOMAS E 11900 BISCATNE BLVD., STE. 740 N. MIAMI FL 33181  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered efforce or registered agent, or both, in the State of Florids. Statutes the above-named corporation submits this statement for the purpose of changing its registered efforce or general agent agent or both of directors. I hereby accept the appointment as registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of change in the purpose of changing its registered efforce or problem of the purpose of change in the purpose of changing its registered efforce or problem of the purpose of change in the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose of changing its registered efforce or problem of the purpose		9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. State of Jenida. State of Jenida State of Je					81	Name		
N. MIAMI FL 33181    83					82 Street Address (P.O. Box Number is Not Acceptable)			
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 depent, or both, in the State of Florida Statutes as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am framilar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Right in hydror prised water of registered agent as for its placetate.  OFFICERS AND DIRECTORS  13. MOTE Postered Agent agents resided in the appointment as registered agent. I am framilar with a proportion of prised agents as for its placetate.  OFFICERS AND DIRECTORS  13. This ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DEPART CHANGES STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DEPART CHANGES STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DELETE 1.1 THIS STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DELETE 2.1 THIS CHANGES STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DELETE 2.1 THIS CHANGES STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DELETE 3.1 THIS CHANGES STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITHE DELETE 3.1 THIS CHANGES STATE ADDITIONS/CHANGES STATE ADDI					83			
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 eigent. I am familiar with, and accept the obligations of year and rear or registered eigent. I am familiar with, and accept the obligations of year and the inspectation or practical agent and the property and t					84	City	FL 85 Zip Code	
12.	or register familiar wit	ed agent, or both, in the State of Flo	rida. Such change was author	ized by the o	ve-n orpo	amed corporation's b	orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am	
12.	SIGNATURE _	Signature, typed or printed name of registered age	ont and title if applicable	NOTE: Registered	Agent	t signature red	required when reinstating) DATE	
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certify that the information inticated on this annual report is 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 of the pregiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AN

305-827-6011 Daytime Prione #