

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

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AND  
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97 APR 30 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000061018 (4)

1. Corporation Name  
JOVE, INC.

Principal Place of Business

2300 CORAL WAY  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
MIAMI FL 33145-3511

3. Date Incorporated or Qualified  
08/08/1995

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

4. FEI Number  
65-0599141

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  
21 2300 CORAL WAY

2a. Mailing Address  
26 2300 CORAL WAY

Suite, Apt. #, etc.  
22 # 200

Suite, Apt. #, etc.  
27 # 200

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip  
24 33145

Country  
25 US

Zip  
29 33145

Country  
30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
#200  
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

AMADA CANTERA LOPEZ, PRES

Signature typed & printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
POS  
VENTURA, JORGE  
820 EAST 39TH PLACE  
HIALEAH FL 33013

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
800002163478-9  
-05/02/97--01074--017  
\*\*\*\*165.00 \*\*\*\*165.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SABILLON, ORBIN J  
820 EAST 39TH PL  
HIALEAH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
V/S/T. VENTURA, ARMINDA  
820 East 39th. Place  
Hialeah, Florida 33013

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
ALVARADO, ALEJANDRO  
820 EAST 39TH PL  
HIALEAH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
V/S/T/ VENTURA, ARMINDA  
820 East 39th. Place  
Hialeah, Florida 33013

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

Daytime Phone #

0202836

CR2E034 (9/96)