

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90002 047 ***558.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000042440

1. Corporation Name
JOSU INTERCON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4105 JOHNSON STREET, HOLLYWOOD FL 33021
 Mailing Address: 4105 JOHNSON STREET, HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: **05/17/1996**

4. FEI Number: **65-0679140**
 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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25

2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent
WEISMAN, DAVID
2021 TYLER STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUVILLAGA, JOSE		1.2 NAME	
STREET ADDRESS: 4105 JOHNSON STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUVILLAGA, SARA		2.2 NAME	
STREET ADDRESS: 4105 JOHNSON STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUVILLAGA, GLORIA		3.2 NAME	
STREET ADDRESS: 4105 JOHNSON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TAYLOR, SCOTT		4.2 NAME	
STREET ADDRESS: 4105 JOHNSON STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	
TITLE: AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TAYLOR, CELIA		5.2 NAME	
STREET ADDRESS: 4105 JOHNSON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		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 on an attachment with an address. (954) 961-6530

SIGNATURE: Jose Suvillaga JOSE SUVILLAGA, AUGUST 23, 1999.

CR2E034 (5/99)