COND 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).

**PROFIT** CORPORATION ANNUAL REPORT

\_2000€



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT # P96000042440 Corporation Name

JOSU	INTERCON,	INC.
0000	HALFILOOM,	1140

Moiling Address						
icipal Place of Business Mailing Address						
Johnson Street Twōōō Fl 33021		4105 Johnson Street Hollywood FL 33021			1	
14(QQQ FC 3302)	HOLL MOOD FI				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/17/1996	•
rincipal Place of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For
	26				65-0679140	Not Applicable
uite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			-	\$8.75 Additional
	27				5. Certificate of Status Desired	Fee Required
ity & State	City & Sta	e			6. Election Campaign Financing	\$5.00 May Be
	28				Trust Fund Contribution	Added to Fees
p Country	Zip	С	ountry		This corporation owes the current y	ear
25	29	30			Intangible Personal Property.	Yes No
9. Name and Address of	f Current Registered Agen	t			10. Name and Address of New Regis	stered Agent
			81	Name		
WEISMAN, DAVID			82	Charles Add	(C.O. Barrishia)	
2021 TYLER STREET	, .		02	Street Add	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33020			83			<del></del>
			84	City		FL 85 Zip Code
Dureuant to the provisions of sections	607 0502 and 607 1508. Flo	rida Statutos the	abovo	named come	oration submits this statement for the purpos	_ <del></del>
office or registered agent, or both, in I	the State of Florida. Such ch	ange was authoriz	zed by	the corporat	tion's board of directors. I hereby accept the	appointment as registered
agent. I am familiar with, and accept	the obligations of, section 60	7.0505, Florida \$	tatutes	i,	*	
Signature, typed or printed name of reg	ictored mount and title if annicable	(NOTE: Rea	selered A	nont element to	guired when reinstating)	DATE
	ERS AND DIRECTORS	(NOTE: Reg		gent signature rec	ADDITIONS/CHANGES TO OFFICE	
I PD			TITLE	1	ADDITIONO/GHANGES TO GET TOE	Change Addition
SUVILLAGA, JOSE		DECETE	NAME			Change Addition
AAAF JOUNIOON OTOPE	т				•	
LIGHT MUCOD EL COCCA	•			ADDRESS		
T-ZIP HOLLYWOUD FL 33021			CITY-ST	-ZIP		<del></del>
*	<u></u>	DELETE	TITLE			Change Addition
SUVILLAGA, SARA	•		NAME			
4105 JOHNSON STREE				ADDRESS		
HOLLYWOOD FL 33021			CITY-ST	-2!P		
S		DELETE 3.1	3.1 TITLE			Change Addition
SUVILLAGA, GLORIA		3.2	NAME:		*	
1 AUGUST 4105 JOHNSON STREE	T	3.3	STREET	ADDRESS		
HOLLYWOOD FL 33021		3.4	CITY-ST	-ZIP		
T		DELETE 4.1	TITLE			Change Addition

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 of the receiver or mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of an attachment with all address.

(954) 961-6530

4.2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZiP

TAYLOR, SCOTT

TAYLOR, CELIA

I AUUNcaa

\_\_ ADDRESS

37.24

...\_1 ADDRESS

AT

4105 JOHNSON STREET

4105 JOHNSON STREET

HOLLYWOOD FL 33021

HOLLYWOOD FL 33021

DELETE

DELETE

JOSE SUVILLAGA, APRIL 24, 2000

Change

Change

Addition

Addition

**FILED** 

May 24, 2000 8:00 am Secretary of State

05-24-2000 90154 002 \*\*\*158.75