## 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).

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042441

Country

JONI, INC.

2. Principal Place of Business

CARRENO, JORGE

4221 NW 2 TER. **MIAMI FL 33126** 

Suite, Apt. #, etc.

City & State

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23

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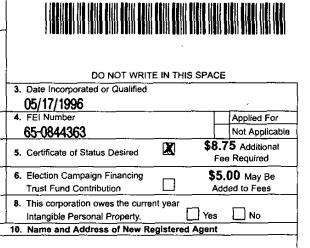
Zip

Principal Place of Business Mailing Address 4221 NW 2 TER. 4221 NW 2 TER. MIAMI FL 33126 MIAMI FL 33126

9. Name and Address of Current Registered Agent

## **FILED** Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90003 006 \*\*\*558.75



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

83 84 City

Country

Name

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

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office or agent. I a	registered agent, or both, in the State of Florida. Suc am farhilian with, and accept the obligations of accide	h change was auti ը 607.0505, Florid	norized by the corp a Statutes.	oration's board of directors. I hereby accept	the appointment as registered.
SIGNATURE	Joge Oce	<u> </u>	<u> </u>		
	Signature, types or printed name of registered agent and title if applicable			re required when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE		Change Addition
NAME	CARRENO, JORGE		1.2 NAME		
STREET ADDRESS	4221 NW 2 TER.	i	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		
TITLE	DVT	DELETE	2.1 TITLE		Change Addition
NAME	CARRENO, NIEVES		2.2 NAME		
STREET ADDRESS	4221 NW 2 TER.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP		
LILTE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
IAME		1	4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS	- يېدىخ المقط اربى ماكالمانىغ	-
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
AME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6.1 TITLE		Change Addition
IAME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		

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

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

CR2E034 (5/99)

Zip Code

85