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

SIGNATURE:

Mar 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000054651 (0) JOSHUA DEVELOPMENT, INC. Principal Place of Business Mailing Address 1609 ALTON RD. 1609 ALTON RD. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number Not Applicable 21 65-0676952 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 0. Name and Address of New Registered Agent Cozrela GARCIA, ORLANDO JR. ulzudo 1609 ALTON RD. Street Address (P.O. Box Number is Not Ad 82 MIAMI BEACH FL 33139 Mizuu Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 1507,0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and ections 607.0502 and 607.1508, oth, in the State f Florida, Súch ions of Section SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE Garcia Jr GARCIA, ORLANDO JR. 1.2 NAME NAME 1609 ALTON RD. 1.3 STREET ADDRESS STREET ADDRESS 33(7 MIAMI BEACH FL 33139 14 City-ST-ZiP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME GARCIA. MAGGIE 2.2 NAME STREET ADDRESS 1609 ALTON RD. 2.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 angual 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 local vegor trustee emptywered 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.

OCLANDO GARCIA, JY.

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