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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000058543 (5)

JOVAL INCORPORATED

00172	1100711	OHATED									
Principal Plac	e of Busines			M	ailing Address					-{	
1					16211 NE 18 AVENUE						
16211 NE 18 AVENUE N. MIAMI BEACH FL 33162					N. MIAMI BEACH FL 33162					DO NOT WRITE IN THIS SPACE	
i										3. Date Incorporated or Qualified	
]										07/11/1996	
2. Principal Place of Business					2a. Mailing Address					4- FEI Number Applied For	
21				26	26					65-0679281 Not Applicat	ole
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	
22				27						Fee Required	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be	
23				28				···	_	Trust Fund Contribution Added to Fees	
Zip		Country	/	-	Zip	<u> </u>	untry	,		8. This corporation owes or has paid the current year Intangible	
24	A Name	25 and 8 ddr	s of Current	29	tored Apont	30				Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent	
			ss of Culteri	nogis	reien währir		81	Nam		10. Haine and Address of New Registered Agent	_
	ISSETT, FF							[
16211 NE 18 AVENUE N. MIAMI BEACH FL 33162					اً ا			Stree	t Addre	ss (P.O. Box Number is Not Acceptable)	
N.	MIAMI BEA	ACH FL 33	162				83	-			-
l											
							84	City		FL 85 Zip Code	
11. Pursuant	to the provis	sions of Sect	ons 607.0502	and 60	07.1508. Florida Statu	ites, the	above	l e-name	d corpo	pration submits this statement for the purpose of changing its registere	d
I office or i	registered a	pent. or both	in the State of	of Florid	da. Such change was , Section 607.0505, F	authoriz	ed by	the co	orporatio	on's board of directors. I hereby accept the appointment as registered	•
!	arii faurena i w	am, and acc	ahi ma opaga	HOUS OF	, Section 607.0303, F	TOTICA SI	10168	S.			
SIGNATURE	Signature, types	d or printed name	of registered agen	t and title	il applicable (NO	TE: Register	ed Age	nt signat	re required	d when reinstating) DATE	-
12.		OI	FICERS AND	DIREC	TORS	13	,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\exists
TITLE	PTD				DELETE	1.1	TITLE			Change Addition)(
NAME	40.000.11				1.2				1		Ì
STREET ADDRESS 16211 NE 18 AVENUE					1.3			1.3 STREET ADDRESS			
CITY-ST-ZIP		MI BEACH I	L 33162			1.4	CITY - S	T- ZIP			
TITLE	VPS			•	☐ DELETE	2.1	IITLE			Change Addition	nç
NAME		VALRIE				2.21	NAME				l
STREET ADDRESS	,	NE 18 AVE				2.3	STREET	ADDRESS	; [ł
CITY-ST-ZIP	N. MIAN	<u>MI BEACH I</u>	L 33162			2 4	CITY-S	ST - ZiP			
TITLE					☐ DELETE	31	TITLE			Change Addition)P
NAME						3.21	NAME				l
STREET ADDRESS	!					3.3	STREET	ADDRESS	:		
CITY-ST-ZIP	 						CITY-S	61 - ZIP	<u> </u>		_
TITLE					L] DELETE		TITLE			Change Addition	۱n
NAME					4. 2 NAME		1		ľ		
STREET ADDRESS								ADDRESS	-		
CITY-ST-ZIP	ļ - 	····			Deleve		HTY-51	T-ZIP	_		4
TITLE					DELETE		TITLE			☐ Change ☐ Addilio	'n
NAME							IAME			የ ሪ	
STREET ADDRESS								ADDRESS		1/30	-
CITY-ST-ZIP							CITY-SI	T-ZIP			
TITLE	ļ				DELETE	6.11				10000241329¶Change □ Addition -02/02/9801029021	J1
NAME						1	AME			-02/02/9801029021	
STREET ADDRESS						6.3 9	STREET.	ADDRESS	1	***150.00	- 1

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.