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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062498 (6)

JOJAN ENTERPRISES INC.

FILED Apr 10 1998 8:00am Secretary of State



Drivers of Dise	a of Duningna	Mailing Address			######################################
625 S.W. 47TH COURT MIAMI FL 33134		625 S.W. 47TH COURT MIAMI FL 33134		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				07/25/1996	
2. Principal Pi	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0688884	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the control of the control	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	а Адент
	REZ, JUAN		Name		
	S.W. 47TH COURT		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33134		20		
			83	,	
			84 City		85 Zip Code
				<u> </u>	
office or r	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		(NOTE	: Registered Agent signature requ	uired when reinstaling) DATE	
12.	Signature, typed or printed name of registered ag	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELETE	1.1 TITLE	Noomonoja i inaco no oji nocijo i	Change Addition
NAME	PEREZ, JUAN		1.2 NAME		
STREET ADDRESS	625 S.W. 47TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP		
TITLE	1777 377 1 2 00 10 1	DELETE	2.1 TITLE		Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	•	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CATY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 City-St-ZiP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 1/TLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
•			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify for	y the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated officer or		latennual report is true and acci- pelver or trustee empowered to a		ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	