

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # P96000088237 (8)

1. Corporation Name  
JOSHUA IMPORTS, INC.



Principal Place of Business  
6975 W. 16TH AVE., APT. 112  
HIALEAH FL 33012

Mailing Address  
6975 W. 16TH AVE., APT. 112  
HIALEAH FL 33014-3853

3. Date Incorporated or Qualified  
10/25/1996

3a. Date of Last Report

2. Principal Place of Business  
21 6975 W 16 AV. 112

2a. Mailing Address

22 Suite, Apt. #, etc.  
HIALEAH FL. 33014

26 Suite, Apt. #, etc.

23 City & State  
•

27 City & State

24 Zip  
33014

Country

28 Zip

Country

4. FEI Number  
65-0707098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
MESA, MANUEL A  
1000 BRICKELL AVE., STE. 680  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
D LLITERA, YOVANNY  
STREET ADDRESS  
6975 W. 16TH AVE., APT. 112  
CITY- ST- ZIP  
HIALEAH FL 33012

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE  
NAME  
D TRINIDAD, CARMEN  
STREET ADDRESS  
6975 W. 16TH AVE., APT. 112  
CITY- ST- ZIP  
HIALEAH FL 33012

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

300002189103  
-05/23/97--01003--039  
\*\*\*165.00

4-28/97 (905) 281-0038  
826-4590