

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

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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009529 (3)

1. Corporation Name
JOSHLAF GROUP, INC.



Principal Place of Business 710 N.E. 166TH STREET MIAMI FL 33162	Mailing Address 710 N.E. 166TH STREET MIAMI FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1997
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0733889
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent

ODI, SAMUEL
 710 N.E. 166TH STREET
 MIAMI FL 33162

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: *Samuel Odi* SAMUEL ODI Secretary DATE: 4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D AFOLABI, ALADE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D. RUFUS B. ORINDARE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFOLABI, ALADE	1.2 NAME	1830 NE 142 ST, # 7J <input checked="" type="checkbox"/> Delete
STREET ADDRESS	15181 N.W. 1ST ST	1.3 STREET ADDRESS	N. MIAMI, FL 33181
CITY-ST-ZIP	PEMBROKE PINES FL 33028	1.4 CITY-ST-ZIP	
TITLE	D AKONI, JOSEPH <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	AKONI, JOSEPH	2.2 NAME	
STREET ADDRESS	17211 NW MIAMI COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33169	2.4 CITY-ST-ZIP	
TITLE	D AYPDELE, GBOLAGUNTE A <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	AYPDELE, GBOLAGUNTE A	3.2 NAME	
STREET ADDRESS	1082 N.E. 176TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	3.4 CITY-ST-ZIP	
TITLE	D KELANI, LANRE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	KELANI, LANRE	4.2 NAME	
STREET ADDRESS	10332 S.W. 9TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	4.4 CITY-ST-ZIP	
TITLE	D ODI, SAMUEL <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ODI, SAMUEL	5.2 NAME	
STREET ADDRESS	710 NE 166TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	5.4 CITY-ST-ZIP	
TITLE	D OLAMIYAN, ABDUL-LATEEF O <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	OLAMIYAN, ABDUL-LATEEF O	6.2 NAME	
STREET ADDRESS	10020 OLIVE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	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 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.

SIGNATURE: *Samuel Odi* SAMUEL ODI DATE: 4/16/98 (305)945-2829

CR2E034 (10/97)