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 # P97000024128 (5)

JOVE ENTERPRISE INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							- I nontroda fera corra conte dosta docti dotti delle delle disse dibbi		
1001 91ST ST APT 611 1001 91ST ST			91ST ST APT 611	T 611					
BAY HARBOL	JR FL 33154	BA	BAY HARBOUR FL 33154				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							03/11/1997	ļ	
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number Applied For	\dashv	
21		26	26				65-074/345 Not Applical		
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27	··· · · · · · · · · · · · · · · · · ·				Fee Required		
City & State	e	_	City & State				6. Election Campaign Financing \$5.00 May Be	- 1	
Zip	Country	28	Zip Country				Trust Fund Contribution Added to Fees	\dashv	
24	25 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
27		Address of Current Registered Agent				***** J* . · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent		
ZA	CHARJASZ, SALUNA			a	1	Name		-	
1001 91ST ST APT 611						82 Street Address (P.O. Box Number Is Not Acceptable)			
BA	Y HARBOUR FL 33154					Street Addre	Address (F.O. Box Number is Not Acceptable)		
				8	3			\neg	
				8	4	City	■■ 85 Zip Code		
						•	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 registred 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								j I	
SIGNATURE								- 1	
Signature, typiod or printed name of registered agent and title if applicable. (NOTE: R					egistered Agent signature requir			\exists	
12. TITLE	PO	ND DIRECT	DELETÉ	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion	
NAME	Z ACHARJASZ, SALUNA			1.2 NAME			C. Ollarigo C. Flathi	"	
STREET ADDRESS	1001 91ST ST APT 611		.			ADDRESS	·		
CITY-ST-ZIP	BAY HARBOUR FL 33154		1.4 C						
TITLE	STD				2.1 TITLE		Change Additi	ion	
NAME	ZA CHARJASZ, MARIO			2.2 NAME					
STREET ADDRESS	1001 91ST ST APT 611			2.3 STREE	ET A	ADDRESS		İ	
CITY-ST-ZIP	BAY HARBOUR FL 33154				2. 4 CITY - ST - ZIP				
TITLE			☐ DELETE 3.1 T		3.1 TITLE		Change Additi	on	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE		1		-	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		Change III I delik	_		
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ŀ						ADDDE Ó Ó			
STREET ADDRESS CITY-ST-ZIP				4.3 STREE					
TITLE			☐ DELETE	5.1 TITLE		- TH-	☐ Change ☐ Additi	on	
NAME				5.2 NAME			· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				5.3 STREE		ADDRESS			
CITY-ST-ZIP				5.4 CITY -					
TITLE			DELET E	6.1 TITLE	_		☐ Change ☐ Additi	on	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ET A	NODRESS			
CITY-ST-ZIP				6.4 CITY-	ST-	- ZIP		\Box	
44 111.	and the second of the second o	and the state of the					No. 440,0320000 Fig. 11. Over the Configuration and St. 22, 112, 113, 113		

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 trulitee 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.

(305)861-9441