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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P97000025954 (3)

JOA OF AMERICA, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



U-10-02

| Principal Place of Business               |                  |                         |                                    |                      | Mailing Address          |                         |                          |                       |                    |              |             |                                    |              |             |             |           |                      | III DIDI IEDI         |
|---|------------------|-------------------------|------------------------------------|----------------------|--------------------------|-------------------------|--------------------------|-----------------------|--------------------|--------------|-------------|------------------------------------|--------------|-------------|-------------|-----------|----------------------|-----------------------|
|   |                  |                         |                                    |                      |                          | AL WAY, STE. 402        |                          |                       |                    |              |             |                                    |              |             |             |           |                      |                       |
| MIAMI FL 33145                            |                  |                         |                                    |                      | MIAMI FL 33145           |                         |                          |                       |                    |              |             |                                    |              |             |             |           |                      |                       |
|   |                  |                         |                                    |                      |                          |                         |                          |                       |                    | 1            |             |                                    |              | NOT WR      |             | HIS SPA   | CE                   |                       |
|   |                  |                         |                                    |                      |                          |                         |                          |                       |                    |              | 1           | Date Incorpo                       |              | r Qualifie  | ď           |           |                      |                       |
| 2. Principal Pla                          | as of Dusin      |                         |                                    |                      | - 14a-1                  | v.c. Asialas            |                          |                       |                    |              |             | 03/24/19<br>Et Number              | 91           |             | ·           |           | <del></del>          |                       |
|   | ioe or busin     | 655                     |                                    | ⊢                    | _                        | ng Addre                | SS                       |                       |                    |              | 4. 1        | 65-07                              | 500          | 2 1         |             |           |                      | plied For             |
| 21 Suite, Apt. #,                         | elc              |                         |                                    | 20                   |                          | . Apt. #, e             | ato.                     |                       | <del></del>        |              |             | 03-07                              | 3030         | 91          |             |           |                      | ot Applicable         |
| 22  |                  |                         |                                    | 27                   | 27                       |                         |                          |                       |                    | }            | 5. 0        | Certificate of                     | Status       | Desired     |             | 4         |                      | Additional<br>equired |
| City & State                              |                  |                         |                                    |                      |                          | & State                 |                          |                       |                    |              | A F         | Election Can                       | naian F      | inancino    |             |           |                      | May Be                |
| 23  |                  |                         |                                    | 28                   | 8                        |                         |                          |                       |                    |              |             | Trust Fund C                       |              | -           |             | '         | Added                |                       |
| Zip                                       |                  | Cour                    | lry                                |                      | Ζıp                      |                         |                          | Count                 | ry                 |              | <b>8.</b> T | This corpora                       | tion owe     | s or has    | paid the    | current   | year Int             | angible               |
| 24  | [                | 25                      |                                    | 21                   | 9                        |                         | 31                       | 0                     |                    |              | F           | ersonal Pro                        | perty Ta     | x due Ju    | ine 30.     | X X       | es [                 | ] Ño                  |
|   |                  |                         | ress of Curr                       | ent Reç              | istered                  | Agent                   |                          |                       |                    |              | 10.         | Name and A                         | ddress       | of New      | Registe     | red Age   | nt                   |                       |
|   | ra, oswa         |                         |                                    |                      |                          |                         |                          | 8                     | 1 Name             | UL.          | YSS         | SES GA                             | RCE          | Z           |             |           |                      |                       |
|   | CORAL V          |                         | E. 402                             |                      |                          |                         |                          | 8:                    | 2 Street           | Addres       | s (P.C      | D. Box Numl                        | per is Ni    | ot Accep    | table)      |           |                      |                       |
| MAIM                                      | VII FL 3314      | 15                      |                                    |                      |                          |                         |                          | ļ                     | <u>  1041</u>      | <u>11 N.</u> | <u>.W.</u>  | 28th 9                             | <u>St. C</u> | <u>-101</u> | <u>/2/3</u> |           |                      |                       |
|   |                  |                         |                                    |                      |                          |                         |                          | 8                     | 3                  |              | . 4         |                                    |              |             |             |           |                      |                       |
|   |                  |                         |                                    |                      |                          |                         |                          | 84                    | 4 City             |              | 4147        |                                    |              |             |             | <b></b> 8 | 5 Zip i              | Code                  |
|   | <b></b>          |                         |                                    |                      |                          |                         |                          |                       | '                  | MIA          |             |                                    |              |             |             | -L        | 1 22                 | 172                   |
| 11. Pursuant to office or reg agent. I am | the provision    | ons of Se<br>but, or bo | ctions 607.05<br>th. in the Sta    | 502 and<br>to of tik | l 607.150<br>orida. Su   | 08, Florida<br>ch chand | i Statutes,<br>e was aut | the abor<br>horized t | ve-named           | corporation  | ation:      | submits this<br>ard of direct      | stateme      | ent for the | e purpos    | se of cha | anging it<br>ment as | s registered          |
| agent. I am                               | familian wi      | n, and ac               | coupt the obli                     | gations              |                          |                         |                          |                       |                    |              |             | ara or areo                        | .0.0. 1 110  |             |             | аррони    | mont as              | rogistoroa            |
| SIGNATURE                                 | ^                | Y -                     | <u>/</u>                           | <u>ئ</u> يا          |                          |                         | Garc                     | ez -                  | Presi              | dent         | t           |                                    |              | 4-10        |             |           |                      |                       |
| 12,                                       | grature, typed o |                         | nie of religione dia<br>OFFICERS A |                      |                          | <del></del>             | (NOTE: R                 | egistered A           | gent signature     | required     |             | einstating)<br>DDITI <b>ONS</b> /C | LIANCE       | C TO OF     | DA          |           | 200100               | 0.10.40               |
| TITLE                                     | D                | •                       | OFFICENSA                          | INC/ CITY            | CIONS                    | DELI                    | TE                       | 1.1 TITLE             |                    | T            | AL          | JUNIONS/C                          | HANGE        | S TO OF     | FILENS      |           | Change               | Addition              |
| NAME                                      | GARCEZ           | . ULYSS                 | SES                                |                      |                          |                         |                          | 1.2 NAME              |                    |              |             |                                    |              |             |             | لسا       | Onlingo              |                       |
| STREET ADDRESS                            |                  |                         | AY, STE. 40                        | 2                    |                          |                         |                          |                       | ET ADDRESS         |              |             |                                    |              |             |             |           |                      |                       |
| CITY-ST-ZIP                               | MIAMI FI         |                         |                                    | -                    |                          |                         |                          | 1.4 CITY-             |                    |              |             |                                    |              |             |             |           |                      |                       |
| TITLE                                     |                  |                         |                                    |                      |                          | DEL                     | TE                       | 2.1 TITLE             |                    | <del></del>  |             | **                                 |              |             |             |           | Change               | Addition              |
| NAME                                      |                  |                         |                                    |                      |                          |                         |                          | 2.2 NAME              |                    |              |             |                                    | *            |             |             |           | ٠                    | _                     |
| STREET ADDRESS                            |                  |                         |                                    |                      |                          |                         |                          |                       | T ADDRESS          |              |             |                                    |              |             |             |           |                      |                       |
| CITY-ST-ZIP                               |                  |                         |                                    |                      |                          |                         |                          | 2. 4 CITY             |                    |              |             |                                    |              |             |             |           |                      |                       |
| TITLE                                     | -                |                         |                                    |                      |                          | DELE                    | TE                       | 3.1 TITLE             |                    |              |             |                                    |              |             |             |           | Change               | Addition              |
| NAME                                      |                  |                         |                                    |                      |                          |                         |                          | 3.2 NAME              |                    |              |             |                                    |              |             |             |           |                      |                       |
| STREET ADDRESS                            |                  |                         |                                    |                      |                          |                         |                          | 3.3 STREE             | T ADDRESS          |              |             |                                    |              |             |             |           |                      |                       |
| CITY-ST-ZIP                               |                  |                         |                                    |                      |                          |                         |                          | 3.4. CITY-            | - ST - <b>Z</b> IP |              |             |                                    |              |             |             |           |                      |                       |
| TITLE                                     |                  |                         |                                    |                      |                          | DELE                    | TE                       | 4.1 TITLE             |                    |              |             |                                    |              |             |             |           | Change               | Addition              |
| NAME                                      |                  |                         |                                    |                      |                          |                         |                          | 4. 2 NAME             | Ε                  |              |             |                                    |              |             |             |           |                      |                       |
| STREET ADDRESS                            |                  |                         |                                    |                      |                          |                         |                          | 4.3 STREE             | T ADDRESS          |              |             |                                    |              |             |             |           |                      |                       |
| CITY-ST-ZIP                               |                  |                         |                                    |                      |                          |                         |                          | 4.4 CITY-             | ST-ZIP             |              |             |                                    |              |             |             |           |                      |                       |
| TITLE                                     |                  |                         |                                    |                      |                          | DELE                    | TE .                     | 5.1 TITLE             |                    |              |             |                                    |              |             |             |           | Change               | Addition              |
| NAME                                      |                  |                         |                                    |                      |                          |                         |                          | 5.2 NAME              |                    |              |             |                                    |              |             |             |           |                      |                       |
| STREET ADDRESS                            |                  |                         |                                    |                      |                          |                         |                          | 5.3 STREE             | T ADDRESS          |              |             |                                    |              |             |             |           |                      |                       |
| CITY-ST-ZIP                               |                  |                         |                                    |                      |                          |                         |                          | 5.4 CITY-             | ST-ZIP             |              |             |                                    |              |             |             |           |                      |                       |
| TITLE                                     |                  |                         |                                    |                      |                          | LL DELE                 | it.                      | 6.1 TITLE             |                    |              |             |                                    |              |             |             | Ц         | Change               | Addition              |
| NAME                                      |                  |                         |                                    |                      |                          |                         |                          | 6.2 NAME              |                    |              |             |                                    |              |             |             |           |                      |                       |
| STREET ADDRESS                            |                  |                         |                                    |                      |                          |                         |                          |                       | 1 ADDRESS          |              |             |                                    |              |             |             |           |                      |                       |
| 14. I hereby cer                          | tile that the    | informat                | ion eupoliod                       | with the             | filma d                  | age not o               | relify for *             | 6.4 CITY-             |                    | rd in Ca     | otion       | 110 07/21/0                        | Elorida      | Ctal do-    | م مانس ا    | r nortifi | that the             | informatio-           |
| Indicated or                              | n this annua     | report o                | or suppliement<br>tion or the rea  | tal annu             | vaj tebor                | t is true a             | nd accura                | ite and th            | nat my sig         | nature s     | shall h     | have the sar                       | ne legal     | effect as   | if made     | under o   | oath; tha            | it lam an             |
| Block 12 or                               | Block 13 if      | corpora<br>changed      | lion or the red<br>, or on an aft  | ceiver d<br>achmer   | ir trustee<br>it with ai | empowe<br>address       | өа те ехе                | icute this            | report as          | require      | ea by       | Chapter 60:                        | /, Horida    | a Statute   | s; and th   | nat my na | ame app              | pears in              |
|   |                  | -                       |                                    |                      | \ 1                      | `                       | , \                      | . 1                   |                    |              |             |                                    |              |             |             |           |                      |                       |