

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

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Sep 03 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 # **P97000068051 (6)**  
1. Corporation Name  
**Joe's DOL, INC**

Principal Place of Business Mailing Address  
**Paseos-3301 SW 22 ST**  
**MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>8-6-1997</b>	
21	26	4. FEI Number <b>650775706</b>		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

<b>JOSE A. ZALDIVAR</b> <b>3301 SW 22ND STREET</b> <b>MIAMI, FL 33145</b>		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]* DATE **8-26-98**  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PTD</b>		1.2 NAME	
STREET ADDRESS <b>ZALDIVAR, JOSE A</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>3301 SW 22 ST</b>		1.4 CITY-ST-ZIP	
<b>MIAMI FL 33145</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		2.2 NAME	
NAME <b>VSD</b>		2.3 STREET ADDRESS	
STREET ADDRESS <b>ZALDIVAR, DOLORES</b>		2.4 CITY-ST-ZIP	
CITY-ST-ZIP <b>3301 SW 22 ST</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>MIAMI FL 33145</b>		3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
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 registered 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: *[Signature]*

7-18-98/3054769077

CR2E034 (10/97)

July 15, 1998

*PJL*

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear M Milligan,

Thank you for your prompt attention on my request of copy form 201. COR Profit A/R.  
Per our telephone conversation, your records had my mailing address incorrect.

Enclosed you will find the application completed.

You will also find a check for the original amount of \$150.00. Please do not charge me  
with the penalty charge. It will be hardly impossible to pay for it due to my business has  
not reached a potential stage yet.

I, once again, thank you for your prompt attention. Should you need anything else,  
please, do not hesitate to contact me at (305) 476-9077.

Sincerely Yours,

*Jose Valdivar*  
Jose Valdivar