

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90084 028 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000000059

1. Corporation Name
GO JOE PROPERTY MANAGEMENT, INC.



Principal Place of Business
**9065 BISCAYNE BLVD
 MIAMI SHORES FL 33138**

Mailing Address
**9065 BISCAYNE BLVD
 MIAMI SHORES FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/02/1998

4. FEI Number **65-0906068** Applied For
 Not Applicable

2. Principal Place of Business
21 8703 BISCAYNE BLVD

2a. Mailing Address
26 8703 BISCAYNE BLVD

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
23 MIAMI SHORES, FL

City & State
28 MIAMI SHORES, FL

8. This corporation owes the current year intangible Personal Property Tax. Yes No

Zip Country
24 33138 25

Zip Country
29 33138 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLEY, CHRISTOPHER P
 11098 BISCAYNE BLVD, SUITE 205
 MIAMI FL 33161**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	OYARZUN, GEORGE
STREET ADDRESS	9065 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	D <input type="checkbox"/> DELETE
NAME	MIER, JOSE
STREET ADDRESS	9065 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8703 BISCAYNE BLVD.
1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8703 BISCAYNE BLVD.
2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: George Oyarzun **GEORGE OYARZUN**

1/26/99 305-754-0002
 Date Daytime Phone #

CR2E034 (11/98)