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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$59649

(1)

HEIDI & JOE INC

Principal Place of Business	Mailing Address
11449 S.W. 40TH ST.	11449 S.W. 40TH ST.
MIAMI FL 33165	MIAMI FL 33165-3311

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business 11449 S.W. 40TH ST. MIAMI FL 33165		11449 S.W. 40	Mailing Address 11449 S.W. 40TH ST. MIAMI FL 33165-3311						
						3. Date Incorporated or Qualified 06/10/1991		e of Last 1/1996	
2. Principal P.:	ace of Business	2a. Mailing A	ddress			4. FEt Number	·····		Applied For
21		26				65-0267426		_ []	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired			Additional
22		27		******		B. Certificate of Status Debited		Fee	Required
City & State		City & Sta	ate			6. Election Campaign Financing		\$5.0	O May Be
23	,,	28	·····			Trust Fund Contribution			d to Fees
Zφ r=n	Country	Zip	-	Country	•	8. This corporation has liability for			s. 199.032,
24	[25]	[29]		30			Yes _	<u> </u>	
ļ	9. Name and Address of Cur	rent Hegistered Age	nt	81	Nessa	10. Name and Address of New R	egistered A	gent	
	CHIONA, JOSEPH			•	Name				
	9 S.W. 40TH ST.			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	**	
MIAN	A) FL 33165			<u> </u>					
				83					
				84	City			85 Zi	o Code
				1	'	rporation submits this statement for the ation's board of directors. I hereby according	FL	1 1 '	
SIGNATURE		ragent da me d'applicable.	(NOTE		ent signature requ	ulred when reinstating)	DATE		
		AMU DIRECTORS		1 13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12
- <u> </u>	10	AND DIRECTORS	DELETE	13. 11 THTLE	<u> </u>	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO Change	
· · · · · · · · · · · · · · · · · ·	1		DELETE			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE NAME	D MELCHIONA, JOSEPH		DELETE	1 1 THTLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE NAME STREET ADDRESS	D MELCHIONA, JOSEPH 11449 S.W. 40TH ST.		DELETE	1 1 THTLE 1.2 NAME 1.3 STREET	1	ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE NAME	D MELCHIONA, JOSEPH	L.	DELETE	1 1 THTLE 1.2 NAME	1	ADDITIONS/CHANGES TO OFF			Addition
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THLE NAME STREET ADDRESS CHY-ST, Zip THLE	D MELCHIONA, JOSEPH 11449 S.W. 40TH ST.	L.		11 THTLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE	iT-ZIP			Change	Addition
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THE NAME STREET ADDRESS CHY-ST, ZIP THE KAME	D MELCHIONA, JOSEPH 11449 S.W. 40TH ST.	L.		11 THTLE 12 NAME 13 STREET 14 CITY-S 21 TITLE 22 NAME 23 STREET	ADDRESS			Change	Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THE RAME STREET ADDRESS CTY-ST-ZIP	D MELCHIONA, JOSEPH 11449 S.W. 40TH ST.	L.] DELETE	11 THUE 12 NAME 13 STREET 1.4 CHY-S 2.1 THUE 2.2 NAME 2.3 STREET 2.4 CHY-S	ADDRESS			Change Change	Addition
THE NAME STREET ADDRESS CHY-ST-ZP THE RAME STREET ADDRESS C TY-ST-ZIP THEF	D MELCHIONA, JOSEPH 11449 S.W. 40TH ST.	L.] DELETE	11 TITLE 12 NAME 13 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T-ZIP ADDRESS ST-ZIP			Change Change	Addition
THEF NAME STREET ADDRESS CHY-ST-ZP THEE NAME STREET ADDRESS CTY-ST-ZP THEE NAME	D MELCHIONA, JOSEPH 11449 S.W. 40TH ST.	L.] DELETE	11 THLE 12 NAME 13 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS ST-ZIP ADDRESS ADDRESS			Change Change	Addition
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I do 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 and cated 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 12 or Block 13 or Block 15 or Block 15

SIGNATURE:

Daytime Phone #