

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morihani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S88113

(3)

1. Corporation Name
JOSWAL, CORP.



Principal Place of Business Mailing Address
1232 SW 17TH TERRACE MIAMI FL 33145

3. Date Incorporated or Qualified **10/18/1991** 3a. Date of Last Report **08/22/1995**
4. FEI Number **65-0291519** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

JOSE, VELEZ FERNANDE
1232 SW 17TH TERRACE
MIAMI FL 33145

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of signature

Name, Registered Agent Signature and Date of Signature

Date

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **VSD FERNANDEZ, VELEZ, JOSE**
STREET ADDRESS **1232 S.W. 17TH TERRACE**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE Change Addition
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE Change Addition
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE Change Addition
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE Change Addition
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE Change Addition
46. NAME
47. STREET ADDRESS
48. CITY-ST-ZIP
49. TITLE Change Addition
50. NAME
51. STREET ADDRESS
52. CITY-ST-ZIP
53. TITLE Change Addition
54. NAME
55. STREET ADDRESS
56. CITY-ST-ZIP
57. TITLE Change Addition
58. NAME
59. STREET ADDRESS
60. CITY-ST-ZIP
61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
1-305-864-4917

CR2E034 (12/95)