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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # V29616** 

(2)

I. Corporation Name JOROS FLORIDA, INC.  Principal Place of Business 7624 S.W. 178 TERR MIAMI FL 33157 MISSIST MISSIST US US  I. Corporation Name Mailing Address 7624 S.W. 178 TERR MIAMI FL 33157-6431 US										
•							3. Date Incorporated or Qualified 04/20/1992		ate of Last <b>25/1996</b>	
2. Princ pal F 21	flace of Business	<b>├</b> ─┐	28. Mailing Address 26				4. FEI Number 65-0325528		<del></del>	Applied For Not Applicable
Suite, Apt.	#, etc	Suite	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	Q	City	& Stale				6. Election Campaign Financing	<b>L</b>	\$5.0	May Be
<b>23</b> [ Zip	Country	28 Zip	······································	Cou	intry		Trust Fund Contribution  8. This corporation has liability for	intangible	tax under	s. 199.032,
24	25 9. Name and Address of Curre	29	Anent	[30]	<u> </u>		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
MCCRARY, JESSIE J JR 2800 BISCAYNE BLVD SUITE 800 MIAMI FL 33137					82 83 84	Street Addre	Idress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code			
SIGNATURE	Cognitive By A or policiname of registered a OFFICERS A		atric (NO	TE Registered	d Agen		oration submits this statement for the pon's board of directors. I hereby accepted when renstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	DRS IN 12
NAME STREET ADDRESS CITY STEAD	DP WEBB, JOHN W. J 7624 SW 178 TERR MIAMI FL		DELETE	•	AME	DDRESS			[] Change	d Addition
TURE NAME STREET ADDRESS CITY ST-ZIP	DST WEBB, ROSALIND A 7624 SW 178 TERRACE MIAMI FL 33157-8428		☐ DELETE	2.1 TII 22 NA 2.3 ST	TLE AME	.DD#IES\$			Change	Addition
THLE NAME STREET ADDRESS			DELETE	3 1 TII 3 2 NA 3 3 ST	TLE AME TREET A	LDDRESS			Change	Addition
THE NAME STREET ADDRESS	- 1/ ***		DELETE	4.1 TH 4.2 N 4.3 ST	IAME IREET A	LDDRESS			Change	Addition
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TITLE  NAM: SIBLET ADDRESS			DELETE	61 TII 6.2 NA	AME	- ZIP DORESS			☐ Change	Addition
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4. 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 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 charged or on an attachment with an address.

SIGNATURE:

TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3//97 (305) Date / Date / Day ros Proce \*

**FILED** 

Apr 23 1997 8:00am

Secretary of State