

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

FILED
May 07 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 # F81767 (8)
 1. Corporation Name
J & J POTTERY, PLANT & WICKER SHOP, INC.



Principal Place of Business C/O IRAIDA BORGES-VENEGAS 4652 S.W. 72 AVENUE MIAMI FL 33155-4516 US	Mailing Address C/O IRAIDA BORGES-VENEGAS 4652 S.W. 72 AVENUE MIAMI FL 33155-4516 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/18/1982
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2379161
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BORGES-VENEGAS, IRAIDA 4652 S.W. 72ND AVENUE 14032 SW 38 TERR, MIAMI, FL (HOME) MIAMI FL	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PITIS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES-VENEGAS, IRAIDA	1.2 NAME	BORGES-VENEGAS, IRAIDA
STREET ADDRESS	14032 SW 38TH TERR	1.3 STREET ADDRESS	14032 SW 38th TERR
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI FL 33125
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAEZ, JANETTE	2.2 NAME	PAEZ, JANETTE
STREET ADDRESS	113484 SW 28 STREET	2.3 STREET ADDRESS	15790 SW 42 TERR.
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PAEZ, JAVIER ARMANDO
STREET ADDRESS		3.3 STREET ADDRESS	15790 SW 42 TERR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Iraida Borges-Venegas* **IRAIDA BORGES-VENEGAS** **4-23/98** **305-666-7503**

CP2E034 (10/97)