

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

PROFIT
CORPORATION
ANNUAL REPORT



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

199632296 B 2572

DOCUMENT # 198490 (5)

1. Corporation Name

JOLAN/MADEWELL CORP.



Principal Place of Business

Mailing Address

945 SOUTHEAST 14TH STREET
HIALEAH FL 33010

945 SOUTHEAST 14TH STREET
HIALEAH FL 33010

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WEISMAN, GERALD
9130 SW 64TH ST
MIAMI FL 33143

81 Name

WEISMAN, SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

19101 MYSTIC POINTE DR # 409

83

AVENTURA

84 City

FL

85

Zip Code

33180

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

X *[Signature]*

(NOTE: Registered Agent signature required when removing agent)

1/18/96

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEISMAN, MARSHA	
STREET ADDRESS	9130 SW 64TH STREET	
CITY-STATE-ZIP	MIAMI, FLORIDA 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEISMAN, GERALD	
STREET ADDRESS	9130 SW 64 ST	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEISMAN, SCOTT	
STREET ADDRESS	700 NE 63 ST APT 504	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEISMAN, LAWRENCE	
STREET ADDRESS	3001 N.E. 5TH AVE., A-316	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARX, ROBERT J.	
STREET ADDRESS	427 GOLDEN ISLE DR.	
CITY-STATE-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEISMAN MARSHA	
1.3 STREET ADDRESS	9130 SW 64 ST	
1.4 CITY-STATE-ZIP	MIAMI FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	PRES/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEISMAN, SCOTT	
3.3 STREET ADDRESS	19101 MYSTIC POINTE DR # 409	
3.4 CITY-STATE-ZIP	AVENTURA FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with 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 on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

305-883-4646
Daytime Phone #

CR2E034 (12/95)