## 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 # G29190

9190 (7)

JESSICA-EDWARDS, INC.

FILED Apr 30 1997 8:00am Secretary of State



Dringmal Dlag	o of Uningue	Mailing Address				
Principal Place of Business Mailing Address  AVENTURA MALL, RM 1143 AVENTURA MALL, RM 1143			49			
19575 BISCAY		19575 BISCAYNE BLVD.				
NORTH MIAMI BEACH FL 33180-2309 US		NORTH MIAMI BEACH FL 33180-2325 US			3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2261582 Not Applicable	
Suite, Apt #, etc. 22		Suita, Apt #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
<b>23</b> ] Zip	Country	<b>28</b>	Cou	ntry	Trust Fund Contribution L. Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	, ,	Florida Statutes	
<del></del>	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
FPS	ITEIN, ALAN W.	***************************************		81 Name	ne	
AVENTURA MALL, RM 1143 19575 BISCAYNE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)		
	RTH MIAMI BEACH FL 33180			83		
				84 City	FL 85 Zip Code	
44 Directors	to the provinces of Postore 507.05	02 and 607 1509. Florida Statu	doc the of	2010 0000	ad correction submits this statement for the purpose of changing its registered.	
office or r agent. La	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, F	authorized forida Stat	by the coutes.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Segrange raped on printed name of nightbred as	ent and title if applicable. (NO	TE Registere	Agent signatu	ture required when reinstating) DATE	
12.	_ · b · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 (1)	LE	Change Addition	
NAME	EPSTEIN, ALAN W.		1.2 N/	ME		
STREET ADDRESS	19432 NE 26TH AVE, #94		1.3 \$1	reet address	ss	
CHY-51 ZiF	n miami beach fl	- December		Y-ST-ZIP		
TIFLE		DELETE	2.1 %		Change Addition	
NAME			2.2 N/			
STREET ADDRESS				REET ADDRESS	35	
CITY - ST - ZIP TITLE		DELETE	2.4 C	TY-ST-ZIP	Change Addition	
NAME		band seconds	3.2 N/		man - man gr though the man	
STREET ADDRESS				reet address	35	
City - \$1 - ZIP				ITY-ST-ZIP		
1/1_E		DELETE	4.1 71		Change Addition	
NAME			4.2N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS	ss	
CHY-SI-ZIP			44 CI	TY-ST-ZIP		
TITLE		☐ DELETE	51 Tr	ııt	Change Addition	
MAME			5.2 N/		{	
STREET ADORESS				REET ADDRESS	SS	
C(Tr - S' - 70)		Doctor		TY - ST - ZIP	T Channe I I delition	
TILLE		DELETE	6.1 11		Change Addition	
NAME			6.2 N			
STREET ADDRESS				reet address	SS	
CHY SI-ZIP			6.4 CI	TY-ST-ZIP		

14. 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 changed, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OF BRINTED AND DE SIGNING OFFICER OR DIRECTOR

305-937-0231