

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

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pg 1 of 2

1997 APR 10 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DIVISION OF CORPORATIONS

DOCUMENT # 114368

1. Corporation Name

O.K. JACKIE FANTASY, INC

Principal Place of Business

CLARA M. DE GOREN
200 N.E. 1ST STREET
MIAMI, FL 33132

Mailing Address

200 N.E. 1ST. STREET
MIAMI, FL 33132

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/10/1988	1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	65-0027902	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
25. Country	30. Country	<input type="checkbox"/> \$8.75 Additional Fee Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE GOREN, CLARA M. 200 N.E. 1ST STREET MIAMI, FL 33132	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	FL 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	DE GOREN, CLARA M. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GOREN, CLARA M.	1.2 NAME	
STREET ADDRESS	200 N.E. 1ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOREN, ABRAHAM	2.2 NAME	
STREET ADDRESS	200 N.E. 1ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clara M. de Goren* 3/28/97 391-7830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

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O.K. Jackie Fantasy, Inc.

200 N. E. 1st Street
Miami, FL 33132

Phone: (305) 371-7830

Fax: (305) 861-7986

April 7, 1997

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This letter is in regards to the return of the 1996 Corporate Annual Report Form payment for O.K. JACKIE FANTASY, INC.

In August 1994, OK JACKIE FANTASY, INC. moved to a new location and address change was sent on a slip with the payment for 1995 Corporate Annual Report Form. When updating our files recently, we found out that we had not received the Corporate Annual Report Form for 1996 and 1997, so we called and ordered a form to be sent to us. We proceeded to send a check with the payment, but was returned to us with the attached letter.

On April 7, 1997, I made contact with Mr. Andy, one of the representatives at the Division of Reinstatements of Corporations, and after explaining the situation to him, he told me to send this letter explaining the circumstances, with the returned letter, and a check for \$390.00 which would cover the Corporate Annual Report payment for 1996 and 1997.

I hope this letter explains the reason for missing 1996 Corporate Annual Report payment. Please make the necessary changes in your records with regards to our address:

O.K. Jackie Fantasy, Inc.

200 N.E. 1st Street
Miami, FL 33132

Thank you for your understanding,

Sincerely,

Clara M. de Goren

President