

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Dandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K17744**
1. Corporation Name

K17444
J. Design, Inc.

Principal Place of Business 18200 N. W. 27th Avenue # 152 Miami, Florida 33056	Mailing Address 4954 Sheraton St. Hollywood, Florida 33021
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3. Date Incorporated or Qualified 03-09-88	3a. Date of Last Report 06/24/96
4. FEI Number 65-0034175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent Joseph Cohen 4954 Sheraton Street Hollywood, Florida 33021	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE President <input checked="" type="checkbox"/> DELETE 12. NAME Joseph Cohen 13. STREET ADDRESS 4954 Sheraton Street 14. CITY-ST-ZIP Hollywood, FL 33021	11. TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME Aliza Cohen 13. STREET ADDRESS 4954 Sheraton Street 14. CITY-ST-ZIP Hollywood, Florida 33021	21. TITLE <input type="checkbox"/> DELETE 22. NAME COHEN ALIZA <input type="checkbox"/> Change <input type="checkbox"/> Addition 23. STREET ADDRESS 24. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 31. TITLE <input type="checkbox"/> DELETE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 41. TITLE <input type="checkbox"/> DELETE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 51. TITLE <input type="checkbox"/> DELETE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 61. TITLE <input type="checkbox"/> DELETE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 600002178466 -05/14/97--01093--001 ***160.00

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 is called 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: ALIZA COHEN]* **ALIZA COHEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/21/97** Daytime Phone #: **(954) 966-9758**

CR2E034 (9/96)