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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

J DESIGN, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

18200 N.W. 27TH AVE

#152 MIAMI FL 33058

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Ζip

Country

9. Name and Address of Current Registered Agent

25

COHEN, JOSEPH 4954 SHERIDAN ST.

HOLLYWOOD FL 33021

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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28 Zip

29

4954 SHERATON ST. HOLLYWOOD FL

(6)

FILED Mar 03 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPACE					
3.	Date Incorporated or Qualified 03/09/1988					
4.	FEI Number		Applied For			
	65-0034175		Not Applicable			
5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
_	This cornection ower or has no	poration owne or has paid the outrest year letangible				

Personal Property Tax due June 30.

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

2-26-98

(305) 625-1333

10, Name and Address of New Registered Agent

X Yes

84 City 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

Country

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В3

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agent. La	m tamiliar with, and accept the obligations of, Sec	otion 607.0505, Fi	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registerical agent and lifte if appli	licable (NOT	E: Registered Agent signature	e required when reinstating)	DATE
12.	OFFICERS AND DIRECTOR		13.		OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	President	Change Addition
NAME	COHEN, ALIZA		1.2 NAME		
STREET ADDRESS	4954 SHERIDAN ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	11-22-7-	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	-	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	^		5.3 STREET ADDRESS		
CITY-ST-ZIP	/\		54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	11		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY - ST - 7(P		

icd with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the 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 an accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a parachment with an address. 14. I hereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or on a

President