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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K17444

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90136 001 ***150.00

1. Corporation		7					
J DESIG	N, INC.						
Principal Place	e of Business	Mailing Address				31814 6 1811 61811 1	
18200 N.W. 27T	'H AVE	4954 SHERATON ST.					
#152 HOLLYWOOD FL				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33056					Do NOT WRITE IN THIS Date Incorporated or Qualifed		
					03/09/1988		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- Ar	oplied For
 1	lace of business	26			65-0034175	<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt, #, etc		-	_		Additional
22		27			5. Certifcate of Status Desired	*	equired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zıp	Country		8. This corporation owes the current year Ir	ntangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
COL	EN IOSERH		81	Name			
	EN, JOSEPH		82	Street Add	Address (P.O. Box Number is Not Acceptable)		
4954 SHERIDAN ST. HOLLYWOOD FL 33021							
HOLI	LIWOOD I L 33021		83				
			84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of	of changing its	registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized by	the corporate	on's board of directors. I hereby accept the appoint	ointment as re	egisterea
SIGNATURE		A LONG TO A LONg	D		ed when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	it Signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	DELETE	11 TITLE			Change	Addition
NAME	COHEN, ALIZA		1.2 NAME				
STREET ADDRESS	40C4 OUEDIOAN OT		1.3 STREET ADDRESS				İ
CITY-ST-ZIP	HOLLYWOOD FL 33021		14 CITY-ST-ZIP				
TITLE	_		2 1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP			2 4 CITY-S	T-ZIP			
TITLE	☐ DELETE		3.1 TITLE	· ·		Change	Addition
NAME			3.2 NAME	ME			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP		·	34 CITY-S	T-ZIP		C 0	□ A -1 -1 - 1 - 1
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			43STREE				
CITY-ST-ZIP		Посіст	4 4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			5 1 TITLE 5 2 NAME				
NAME			5.3 STREET	r Annoese			
STREET ADDRESS			54 CITY-S				
CITY-ST-ZIP	O BELETC		61 TITLE	1-61			Addition
TITLE			6 2 NAME			Change	
NAME STREET ADDRESS			63 STREET	ADDRÉSS			
CITY-ST-ZIP			64 CITY-S				-
ULI 1-31-4IP	ı						

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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SI	N I	TI	10	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR