

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57670 (7)

1. Corporation Name
JENNAH BLOSSOM CORP.



Principal Place of Business: **2601 BISCAYNE BLVD MIAMI FL 33137**
Mailing Address: **2601 BISCAYNE BLVD MIAMI FL 33137**

3. Date Incorporated or Qualified: **01/09/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0093851**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24, 25, 29, 30

9. Name and Address of Current Registered Agent
**CAIRNS, TERRANCE, V
2601 BISCAYNE BLVD
MIAMI FL 33137**

10. Name and Address of New Registered Agent
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 re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1 1 TITLE
NAME	CASTER, RICHARD	1 2 NAME
STREET ADDRESS	2601 BISCAYNE BLVD	1 3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP
TITLE	DST	2 1 TITLE
NAME	CASTER, CARY	2 2 NAME
STREET ADDRESS	2601 BISCAYNE BLVD	2 3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	2 4 CITY - ST - ZIP
TITLE		3 1 TITLE
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY - ST - ZIP		3 4 CITY - ST - ZIP
TITLE		4 1 TITLE
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY - ST - ZIP		4 4 CITY - ST - ZIP
TITLE		5 1 TITLE
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY - ST - ZIP		5 4 CITY - ST - ZIP
TITLE		6 1 TITLE
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY - ST - ZIP		6 4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* 5/10/96 205 576 6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (12/95)