

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

FILED

**Jan 16 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # M35794 (0)
1. Corporation Name
JUST. LAMP. & SHADES INC.



Principal Place of Business: **152-54 N W 37TH STREET MIAMI FL 33127**
Mailing Address: **152-54 N W 37TH STREET MIAMI FL 33127-3111**

3. Date Incorporated or Qualified: **07/25/1986**
3a. Date of Last Report: **01/23/1996**
4. FEI Number: **59-2702914**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2b. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**MENENDEZ, OTTO F.
14255 MEMORIAL HWY
N MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name: **Otto F. Menendez**
82 Street Address (P.O. Box Number is Not Acceptable): **800 Parkview Drive #505**
83 City: **Hallandale** 84 Zip Code: **FL 33009** 85

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PT MENENDEZ, OTTO F.	<input checked="" type="checkbox"/> DELETE
NAME	14255 MEMORIAL HWY	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	VS VALLE, CARLOS R.	<input checked="" type="checkbox"/> DELETE
NAME	14255 MEMORIAL HWY	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Otto F. Menendez	
1.3 STREET ADDRESS	800 Parkview Drive #505	
1.4 CITY-ST-ZIP	Hallandale, Florida 33009	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carlos R. Valle	
2.3 STREET ADDRESS	800 Parkview Drive #505	
2.4 CITY-ST-ZIP	Hallandale, Florida 33009	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Carlos Valle* **CARLOS R VALLE** 1/9/97 / 305573-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)