

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

Amend

FILED
Jun 17 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P33780		JGB FASHION SALES LTD, INC	
Principal Place of Business		Mailing Address	
6424 N UNIVERSITY DR TAMARAC FL 33321			
2. Principal Place of Business		2a. Mailing Address	
21 6424 N UNIVERSITY DR		2a 403 SW 73 RD Ave	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State TAMARAC NORTH LAUDERDALE FL		27 City & State N. LAUDERDALE FL	
24 Zip 33321		28 Zip 33068	
25 Country USA		29 Country USA	
3. Name and Address of Current Registered Agent		4. Name and Address of New Registered Agent	
		81 Name DIEGO CUENCA	
		82 Street Address (P.O. Box Number is Not Acceptable) 403 SW 73 RD AVE	
		83	
		84 City N. LAUDERDALE FL	
		85 Zip Code 33068	
11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0506, Florida Statutes.			
SIGNATURE		DATE 6/13/97	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renewing)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President		1.1 TITLE President	
1.2 NAME BARBARA Roshner		1.2 NAME DIEGO CUENCA	
1.3 STREET ADDRESS		1.3 STREET ADDRESS 403 SW 73 RD AVE	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP N. LAUDERDALE FL 33068	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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)(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

6/13/97

(954) 969-9992