

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000033883 (8)

1. Corporation Name

JESSENA'S ANTIQUES, INC.

Principal Place of Business

**9850 S.W. 111TH TERRACE
MIAMI FL 33176**

Mailing Address

**9850 S.W. 111TH TERRACE
MIAMI FL 33176**

**APPROVED
AND
FILED**

95 MAY -1 AM 11:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1993

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0407822

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. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 14305 SOUTH DEXIE HWY

2a. Mailing Address

26 14305 SOUTH DEXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI - FL

City & State

28 MIAMI - FL

Zip

Country

24 33176

25

Zip

Country

29 33176

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONCEPCION, NANCY
9850 S.W. 111TH TERRACE
MIAMI FL 33176**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent and title if applicable

(or 207E Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ARIAS, MARIA
9850 S.W. 111TH TERRACE
MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
CONCEPCION, ALEX
9850 S.W. 111TH TERRACE
MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CONCEPCION, NANCY
9850 S.W. 111TH TERRACE
MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, fully 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-95

15a

15b (Print Name)