

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000033883 (8)

1. Corporation Name

JESSENIA'S ANTIQUES, INC.

Principal Place of Business

9410 S. DIXIE HWY.
MIAMI FL 33158
US

Mailing Address

9850 S.W. 111 TH TERRACE
MIAMI FL 33178-2873
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 03/15/1996
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 65-0407822	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CONCEPCION, NANCY
9850 S.W. 111TH TERRACE
MIAMI FL 33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PSS
NAME	ARIAS, MARIA	1.2 NAME	Concepcion, Nancy
STREET ADDRESS	9850 S.W. 111TH TERRACE	1.3 STREET ADDRESS	9850 SW. 111 Terr
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD	2.1 TITLE	VD
NAME	CONCEPCION, ALEX	2.2 NAME	CONCEPCION, RINALDO
STREET ADDRESS	9850 S.W. 111TH TERRACE	2.3 STREET ADDRESS	9850 SW 111 Terr
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	SD	3.1 TITLE	
NAME	CONCEPCION, NANCY	3.2 NAME	
STREET ADDRESS	9850 S.W. 111TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	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	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0240588

CR2E034 (9/96)