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Apr 07 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 # P94000075239 (1)

1. Corporation Name  
R. E. D. JEAN CORPORATION

Principal Place of Business  
3090 LAKEWOOD CIR  
FT LAUDERDALE FL 33332

Mailing Address  
3090 LAKEWOOD CIR  
FT LAUDERDALE FL 33332-1843



3. Date Incorporated or Qualified 10/13/1994  
3a. Date of Last Report 03/29/1996

|                                |                         |                                                                                                                                                             |                                                        |
|--------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br>65-0526864                                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required                         |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees                            |
| 23. Zip                        | 28. Zip                 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |
| 24. Country                    | 29. Country             |                                                                                                                                                             |                                                        |

9. Name and Address of Current Registered Agent

IRWIN, FRANKEL  
3090 LAKEWOOD CIR  
FT LAUDERDALE FL 33332

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code FL

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                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRANKEL, IRWIN       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3090 LAKEWOOD CIR    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FT LAUDERDALE FL     | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VP                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRANKEL, MARLENE     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3090 LAKEWOOD CIRCLE | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FT LAUDERDALE FL     | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 1/30 Daytime Phone # 305-835-8850

CR2E034 (9/96)