FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P9400086324 (8) JENNIFER'S FABULOUS FOLIAGE, INC. Principal Place of Business Mailing Address 3871 8 LEJEUNE RD 3871 S LEJEUNE RD CORAL GABLES #L 33148 **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 11/21/1994 2. Principal Place of Business 2a. Mailing Address 21 26 65-0540481 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Country Ζip 24 25 29 30 Personal Property Tax due June 30. . Name and Address of Current Registered Agent Name LIMB**AS**UTA, JENNIFER 3871 \$ LEJEUNE RD Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 83 84 City 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 it approbable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETÉ 1.1 TITLE TITLE **UMB**ASUTA, JENNIFER 1.2 NAME NAME \$871 S LEJEUNE RD STREET ADDRESS 1.3 STREET ADDRESS **QORAL GABLES FL 33146** CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

Jun 30 1998 8:00 am Secretary of State



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14. Thereby 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 suppliencental dinitial 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 corpharation or the receiver or trigstate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartiged, or of an althoriment with any oldrers. CITY-ST-ZIP 6.4 CITY-ST-ZIP

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Addition

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

Tallahassee, Florida 32314

P.O. Box 6327

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JENNIFER'S FABULOUS FOLIAGE, INC. 3871 S LEJEUNE RD CORAL GABLES FL 33146

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