

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**

96 SEP -3 PM 2:03

**DOCUMENT # P95000032067 (7)**

1. Corporation Name  
**JESSICA BUSINESS INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**500001953445**  
-09/23/96--01015--003  
\*\*\*\*233.75 \*\*\*\*233.75

Principal Place of Business: **1810 NE 198 TERR N MIAMI BEACH FL 33179**  
Mailing Address: **1810 NE 198 TERR N MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified: **04/20/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **65-0583719**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **198 NW 79th St**  
Suite, Apt. #, etc.  
22 \_\_\_\_\_  
City & State  
23 **MIAMI, FL**  
Zip: **33150** Country: \_\_\_\_\_  
2a. Mailing Address  
26 **198 NW 79th St.**  
Suite, Apt. #, etc.  
27 \_\_\_\_\_  
City & State  
28 **MIAMI, FL**  
Zip: **33150** Country: **USA**

9. Name and Address of Current Registered Agent  
**LUBIN, JOEL**  
**198 NW 79 ST**  
**MIAMI FL 33150**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3 \_\_\_\_\_  
B4 City  
B5 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, IRVIN G	
STREET ADDRESS	1810 NE 198 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BRUCE HAAS	
3. STREET ADDRESS	9604 SW 117 CT	
4. CITY-ST-ZIP	MIAMI, FL 33186	
5. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	JUDITH M. HAAS	
7. STREET ADDRESS	9604 SW 117 CT	
8. CITY-ST-ZIP	MIAMI, FL 33186	
9. TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	IRVIN G. JOSEPH	
11. STREET ADDRESS	1810 NE 198 TERR	
12. CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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 119.07(3)(k), 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: *Bruce Haas* President 8/15/96 (305) 595-4619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)