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Mar 13 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 # P95000057866 (2)

1. Corporation Name
BJD CHARMS, INC.



Principal Place of Business: 2501 LUCERNE AVE. SS#2 MIAMI BEACH FL 33140
Mailing Address: 2501 LUCERNE AVE. SS#2 MIAMI BEACH FL 33140-4232

3. Date Incorporated or Qualified 07/25/1995	3a. Date of Last Report 02/19/1996
4. FEI Number 65-0598814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent RICHARDS, GOERGE R. 701 BRICKELL AVENUE MIAMI FL 33131		10. Name and Address of New Registered Agent	
81 Name	Barbara Frankfurt		
82 Street Address (P.O. Box Number is Not Acceptable)	2501 Lucerne Ave.		
83			
84 City	Miami Beach	85 Zip Code	FL 33140

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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Barbara Frankfurt DATE: 3-9-97
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKFURT, BARBARA	1.2 NAME	
STREET ADDRESS	2501 LUCERNE AVE, SS#2	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKFURT, JOSHUA	2.2 NAME	
STREET ADDRESS	2501 LUCERNE AVE, SS#2	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKFURT, DANIEL	3.2 NAME	
STREET ADDRESS	2501 LUCERNE AVE, SS#2	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	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: X Barbara Frankfurt DATE: 2-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)