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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000072438 (1)

1. Corporation Name  
JESSICA SABRINA RAFAEL, INC.



Principal Place of Business  
10004 SOUTHWEST 16TH STREET  
PEMBROKE PINES FL 33131

Mailing Address  
10004 SOUTHWEST 16TH STREET  
PEMBROKE PINES FL 33025-3603

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

ROBLES, RAFAEL;  
10004 SOUTHWEST 16TH STREET  
PEMBROKE PINES FL 33131

3. Date Incorporated or Qualified  
09/19/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0617389

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

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer 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.

I, the undersigned, hereby certify that this statement is true and correct, 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: typed or printed name of registered agent and date of application

(NOTE: Register

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBLES, RAFAEL  
10004 SOUTHWEST 16TH STREET  
PEMBROKE PINES FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBLES, JESSICA  
10004 SOUTHWEST 16TH STREET  
PEMBROKE PINES FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME ☐ Change ☐ Addition

11.2 NAME ☐ Change ☐ Addition

11.3 STREET ADDRESS ☐ Change ☐ Addition

11.4 CITY-ST-ZIP ☐ Change ☐ Addition

21.1 NAME ☐ Change ☐ Addition

21.2 NAME ☐ Change ☐ Addition

21.3 STREET ADDRESS ☐ Change ☐ Addition

21.4 CITY-ST-ZIP ☐ Change ☐ Addition

22.1 NAME ☐ Change ☐ Addition

22.2 NAME ☐ Change ☐ Addition

22.3 STREET ADDRESS ☐ Change ☐ Addition

22.4 CITY-ST-ZIP ☐ Change ☐ Addition

31.1 NAME ☐ Change ☐ Addition

31.2 NAME ☐ Change ☐ Addition

31.3 STREET ADDRESS ☐ Change ☐ Addition

31.4 CITY-ST-ZIP ☐ Change ☐ Addition

41.1 NAME ☐ Change ☐ Addition

41.2 NAME ☐ Change ☐ Addition

41.3 STREET ADDRESS ☐ Change ☐ Addition

41.4 CITY-ST-ZIP ☐ Change ☐ Addition

51.1 NAME ☐ Change ☐ Addition

51.2 NAME ☐ Change ☐ Addition

51.3 STREET ADDRESS ☐ Change ☐ Addition

51.4 CITY-ST-ZIP ☐ Change ☐ Addition

61.1 NAME ☐ Change ☐ Addition

61.2 NAME ☐ Change ☐ Addition

61.3 STREET ADDRESS ☐ Change ☐ Addition

61.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

4-24-97

(954) 4312915

CR2E034 (9/96)