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FILED

Jan 24 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 # P95000096978 (8)

1. Corporation Name

CLASSY & JAZZY, INC.

Principal Place of Business

7875 NW 64 ST
MIAMI FL 33166

Mailing Address

7875 NW 64 ST
MIAMI FL 33166-2718

3. Date Incorporated or Qualified
12/28/1995

3a. Date of Last Report
06/28/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0632410

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

9. Name and Address of Current Registered Agent

COHEN, PAUL
8777 COLLINS AVE, #1209
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

PAUL COHEN, President

01-06-97

Signature of registered agent or registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D COHEN, PAUL DELETE

NAME COHEN, PAUL
STREET ADDRESS 8777 COLLINS AVE #1209
CITY-ST-ZIP SURFSIDE FL 33154

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President Change Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 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 additional report with an address.

SIGNATURE: PAUL COHEN, President 01-06-97 (305) 5938499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0224341

CR2E034 (9/96)