

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P96000046464 (9)
1. Corporation Name
JAFRA, CORP.

Principal Place of Business	Mailing Address
8350 SOUTHWEST 83RD COURT MIAMI FL 33180	8350 SOUTHWEST 83RD COURT MIAMI FL 33156-7373

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	601 Brickell Key Drive
22	City & State	27	Suite 805
23	Zip	28	City & State
24	Country	29	Miami, FL
25		30	33131

3. Date Incorporated or Qualified 05/31/1996		3a. Date of Last Report	
4. FEI Number 65-0739182		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent													
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	<table border="1"> <tr> <td>81</td> <td>Name</td> <td>AI</td> </tr> <tr> <td>82</td> <td>Street Address</td> <td>601</td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>hm</td> </tr> </table>	81	Name	AI	82	Street Address	601	83			84	City	hm
81	Name	AI											
82	Street Address	601											
83													
84	City	hm											

10. Name and Address of New Registered Agent

Len a Galeao
ss (P.O. Box Number is Not Acceptable)
Brickell Key Drive
Suite 805
Miami
FL 33131

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 Allen a Galego by Robert N. Allen, Jr., President 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANTZ BRANDT 601 Brickell Key Drive #805 Miami, FL 33131 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JANINE BRANDT 601 Brickell Key Drive #805 Miami, FL 33131 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert N. Allen, Jr. 601 Brickell Key Drive #805 Miami, FL 33131 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da:

Daytime Phone

0212650

CP2E034 (9/96)