


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90040 017 \*\*\*158.75

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |         |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # P96000069361</b>  |  |  |  |  |  |
| 1. Corporation Name<br><b>J. EIDEM COLLECTION CORP.</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>7441 WAYNE AVENUE, SUITE 5C<br/>MIAMI BEACH FL 33141</b>  |  |  | Mailing Address<br><b>7441 WAYNE AVENUE, SUITE 5C<br/>MIAMI BEACH FL 33141</b>   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br><b>08/20/1996</b><br>4. FEI Number<br><b>65-0718569</b><br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>FELDENKRAIS, MICHAEL<br/>12000 BISCAYNE BLVD<br/>SUITE 220<br/>NO MIAMI FL 33181</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name <b>EDUARDO G. BERCOVICH</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>7441 WAYNE AVE. 5 C</b><br>83<br>84 City <b>MIAMI BEACH</b> FL 85 Zip Code <b>33141</b>   |  |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |  |  |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <b>PSTD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME <b>IDA GUITELMAN</b><br>1.3 STREET ADDRESS <b>7441 WAYNE AVE. 5 C</b><br>1.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33141</b><br>2.1 TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME <b>EDUARDO G. BERCOVICH</b><br>2.3 STREET ADDRESS <b>7441 WAYNE AVE. 5 C</b><br>2.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33141</b><br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |  |

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-99 305-861-9598

CR2F034 (11/98)