


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

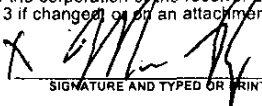
**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90072 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000103318</b>			
1. Corporation Name <b>JOLIE DE VOGUE INTERNATIONAL, INC.</b>			
Principal Place of Business <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 0-305</b> <b>MIAMI FL 33131</b>		Mailing Address <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 0-305</b> <b>MIAMI FL 33131</b>	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent			
<b>ROJAS, MARCO E</b> <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 0-305</b> <b>MIAMI FL 33131</b>			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>CORTES DE CHAVES, MARIA M</b>	1.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>CHAVES, CARLOS C.</b>	2.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>PERDOMO, MANUEL</b>	3.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>FAJARDO, MARCELA</b>	4.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>ROJAS, MARCO E</b>	5.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE SUITE 0-305</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:



Marco E. Rojas

4/29/99 (305) 374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #