


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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000071586 (6) 1. Corporation Name DU JOUR, INC.			
Principal Place of Business 3875 S.W. 84TH STREET MIAMI FL 33135-4914		Mailing Address 5875 S.W. 34TH STREET MIAMI FL 33135-4914	
2. Principal Place of Business 21 9635 SW 99 St. Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip Country 24 33176-2052		2a. Mailing Address 26 9635 S.W. 99 St. Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 33176-2052 30	
8. Name and Address of Current Registered Agent LOPEZ, KIM RENEE' 5875 S.W. 84TH STREET MIAMI FL 33135-4914		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9635 SW 99 St. 83 84 City Miami FL 85 Zip Code 33176-2052	
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, KIM RENEE'	1.2 NAME	
STREET ADDRESS	5875 S.W. 84TH STREET	1.3 STREET ADDRESS	9635 SW 99 St.
CITY - ST - ZIP	MIAMI FL 33135-4914	1.4 CITY - ST - ZIP	Miami, FL 33176-2052
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LEONARD	2.2 NAME	
STREET ADDRESS	5875 S.W. 84TH STREET	2.3 STREET ADDRESS	9635 SW 99 St.
CITY - ST - ZIP	MIAMI FL 33135-4914	2.4 CITY - ST - ZIP	Miami, FL 33176-2052
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 on an attachment with an address.

SIGNATURE: *[Signature]*

2/19/98 (205) 595-5354

CR2E034 (10/97)