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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077458

JESSICA'S BRIDAL & FASHIONS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90022 002 ***150.00



Principal Place	e of Business	Mailing Address				
325 N.W. 72-4	VE.	325 N.W. 72 AVE.				
2011E \$169		SUITE #109 RHANLEL 33126		DO NOT WRITE IN THIS SPACE		
MIAMI FE 33126		MD ANI-21_3 3120		3. Date Incorporated or Qualifed		
$-GU_{i}$				09/08/1997		
2. Principal ³	lace of Business	2a. Mailing Address	+226	4. FEI Number	Ap	plied For
112249 SW 132ct		2a. Mailing Address 26 12249 SW 132 CT		65-0778586	No	t Applicable
Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certifca e of Status Desired	\$8.75	I .
2		27	· -	<u> </u>		qı ired -
City & State MIOMI, 41		City & State Niami, Th		6. Election Campaign Financing Trust Ft nd Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip O VO /	Country	8. This corporation owes the current year l		_,
33) 186 <u>25 </u>	29 35180 30		Personal Property Tax.	Yes	[]No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	Agent	
	0		81 Name			
PALOMINO, HERMAN			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
325 N.W. 72 AVE. Suite #109			83			
			03			
MIA	MI FL 33126		84 City	F	85 Zip (Code
		LCOZ 4500 Florido Statutos th	a chave named cou	poration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State our familiar with, and accept the obligation	t Florida. Such change was authori	zen ny tne corbora	ion's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed nan e of registered agent	ad title of coolingble (NOTE Regist	ered Agent signature requi	ed when reinstating) DATE		
12.	Signature, typed or printed rial e of registered agent		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R3 IN 12
TITLE	D		1 TITLE		☐ Change	☐ Addition
NAME	PALOMINO, HERMAN	1	2 NAME			
STREET ADDRESS			3 STREET ADDRESS			ì
CITY-ST-ZIP	MIAMI FL 33126		.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE ≥ 2	1 TITLE		Change	Addition
NAME	ALVAREZ, AIDA L	1 2	2 NAME			
STREET ADDRESS		2	.3 STREET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33126		. 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE 3	.1 TITLE		Change	Addition
NAME	PALOMINO, HERMAN A	3	2 NAME			
STREET ADDRESS		3	3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126	3	4. CITY-ST-ZIP			
TITLE		☐ DELETE 4	.1 TITLE		Change	☐ Addition
NAME		4	. 2 NAME			İ
STREET ADDRESS		4	.3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP			
TITLE			.1 TITLE		Change	☐ Addition
NAME			.2 NAME			
STREET ADDRESS	3		3.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Chance	Addition
TITLE			1 TITLE		☐ Change	☐ Acquiron
NAME)		3.2 NAME			
	.f	1 6	3 STREET ADDRESS			
STREET ADDRESS			A CITY OT 710			1

14. Thereby certify that the information supplied with this filling does not qualify fir the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I im an officer or director of the corpora ion 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 appear of the corporal control of the corporal con

SIGNATURE:

IGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

305-209-5214

Daytime Phone #

CR2E034 (11/98)