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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090300 (9)

JULIA'S ANTIQUES, INC.

## **FILED** May 14 1998 8:00am Secretary of State



HZOLAV

Principal Place of Business	ling Address	Address		I 1001/001 IIO 18111 18011 10011 00111 00111 00111 00111 00111 00111 00111 00111	
C/O MICHAEL E. REHR. ESO. C/O MICHAEL			SQ.		
220 MIRACLE MILE, SUITE 2		220 MIRACLE MILE, SUITE 238			DO NOT WRITE IN THIS SPACE
CORAL GABLES FL 33134-5909		CORAL GABLES FL 33134-5909			3. Date Incorporated or Qualified
					10/20/1997
2. Principal Place of Busines	SS 20 1	Mailing Address			4. FEI Number Applied For
21		26			65-0788688 Not Applicable
Sulte, Apt. #, etc.		Suite, Apl. #, etc.			4 00 7E
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
	25 29 30		30		Personal Property Tax due June 30. 🔲 Yes 🔀 No
<u></u>					10. Name and Address of New Registered Agent
REHR, MICHAEL E				9	
220 MIRACLE MILE, SUITE 238 82 Street A				t Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134-5909					
			8	3	
			8	4 City	85 Zip Code
					FL   5   Ep code
11. Pursuant to the provision	is of Sections 607,0502 and 607	7.1508, Florida Statute	s, the abo	ve-named	d 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 product name of region and titled applicable (NOTE: Registered Agent signature require					
12.	OFFICERS AND DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P./.S. Change M. Addition
TITLE P.			1.1 TITLE		
NAME Joseph	c. Landa BRICKELL BYE		1.2 NAM	- 1	JOSEFA LAUFUENTE = 2904
STREET ADDRESS 2127	BRICKELL ME	:		ET ADDRESS	2121 BRICKER AND 2704
	1 , FL 33/2	- 7	2.1 TITLE	- S1 - ZIP	MIAMI FL 33/29-2148    Change   Addition
1 <b>v</b>	- 1 ·	_	2.2 NAM		Containing Addition
2 Note of Leville				1	
STREET ADDRESS 2127	PRICKELL IN	• 4		ET ADDRESS	
TITLE MIAM	1, 16 331	DELETE	3.1 TITLE	'-ST-ZIP	Change Addition
NAME			3.2 NAM		Contrago C. Facilitati
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	- \$1-ZIP	Change Addition
NAME			4.2 NAM	1	
STREET ADDRESS				et address	
CITY-ST-ZIP				- ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	1	
TITLE		DELETE	6 1 1 ITLE		☐ Change ☐ Addition
NAME		<del></del>	62 NAM	į.	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CiTY		
14. I hereby certify that the i			the exem	ption state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental funnual 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.					