


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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S05818 (7) 1. Corporation Name JANETTE'S OF NEW YORK INTERNATIONAL FASHION INC.					
Principal Place of Business 7320 NW 85 CT BLDG 8203 TAMARAC FL 33321 US			Mailing Address 7320 NW 85 CT. BLDG 8203 TAMARAC FL 33321-5044 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/01/1991 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0234108 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALLEN, ERIC R. 633 NE 167 ST SUITE 701 N. MIAMI FL 33162			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JANET		1.2 NAME		
STREET ADDRESS	7320 N.W. 85 CT.		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMARAC FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, ERIC R.		2.2 NAME		
STREET ADDRESS	633 NE 167 ST., SUITE 701		2.3 STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI FL 33162		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOOM, JERRY		3.2 NAME		
STREET ADDRESS	7320 N.W. 85TH CT., #8203		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMARAC FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERN, BARBARA		4.2 NAME		
STREET ADDRESS	60 WASHINGTON AVENUE		4.3 STREET ADDRESS		
CITY - ST - ZIP	LAWRENCE NY		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALES, J.		5.2 NAME		
STREET ADDRESS	60 WASHINGTON AVENUE		5.3 STREET ADDRESS		
CITY - ST - ZIP	LAWRENCE NY		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, JEANNETTE L.		6.2 NAME		
STREET ADDRESS	8781 N. W. 7TH COURT		6.3 STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL		6.4 CITY - ST - ZIP		
14. I do 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: <i>Dr. Janet Anderson</i> 4/8/97					

CR2E034 (9/96)