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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$73826

(7)

JEAN ENTERPRISES, CORP.

Principal	Place of	Business
		BB 1 OF

Mailing Address

## FILED Apr 29 1997 8:00am Secretary of State



830 N.E. 17TH TERRACE FY. LAUDERDALE FL 33304			930 N.E. 17TH TERRACE FT. LAUDERDALE FL 33304-4457					
					3. Date Incorporated or Qualified 08/14/1991	3a. Date of La 03/26/19		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0275549		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be Ided to Fees	
Zip 24	Country 25	7(p 29				Yes 📈 No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
VAL	Lieres, Jean Eudes			81 Name				
	N.E. 17TH TERRACE		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
FT.	LAUDERDALE FL 33304		-					
			ļ	83			1	
			İ	<b>64</b> City		FL   T	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, F	ites, the ab authorized lorida Stati	ove-named cor by the corpora ites.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chang it the appointmen	ing its registered nt as registered	
SIGNATURE		e en la companya de	gging emilyen g					
12.	Signature, typod or printed name of registered OFFICERS A	ND DIRECTORS	13.	Ageul signature requ	ired when relistating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIREC	TORS IN 12	
TOTLE	D	DELF 16	1.1 107	LE T	71001110101111110001110	☐ Cha		
NAME	VALLIERES, JEAN EUDES		1.2 NA					
STREET ADDRESS	930 N.E. 17TH TERRACE			REET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1	Y-\$T-ZIP			ľ	
TITLE		☐ DELETE	2.170			Cha	ange Addition	
NAME		•	2.2 NA	ME.			İ	
STREET ADDRESS			2.3 STI	REFT ADDRESS	•			
CITY-ST-ZIP			2 4 CI	IY-ST-ZIP				
TITLE		DELETE.	3.1 147	LF		Cha	ange Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 \$16	REFT ADDRESS				
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TITLE		☐ DET€16	4.1 111	1		L] Cha	ange [_] Addition	
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STREET ADDRESS				REFT ADDRESS			}	
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NAME			5.2 NA	ì			\	
STREET ADORESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DETETE	5.4 GIT 6.1 TIT	Y-SI-7 P		Cha	ange Addition	
NAME		FT MICH	6.1 III	1			mgc C Rounion	
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STREET ADORESS				REET ADDRESS				
City-St-ZIP			6.4 CH	Y · \$1 - 2(P				

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 eath; 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.

OLONIATURE.

Para Ende

4/0//00