

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

FILED

Apr 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
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DOCUMENT # **S73826** (7)
1. Corporation Name
JEAN ENTERPRISES, CORP.

Principal Place of Business 930 N.E. 17TH TERRACE FT. LAUDERDALE FL 33304	Mailing Address 930 N.E. 17TH TERRACE FT. LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 GOLDEN ISLE DR. Suite, Apt. #, etc. 22 403 City & State 23 HALLANDALE FL Zip 24 33009 Country 25 U.S.		2a. Mailing Address 26 410 GOLDEN ISLE DR. Suite, Apt. #, etc. 27 403 City & State 28 HALLANDALE, FL Zip 29 33009 Country 30 U.S.		3. Date Incorporated or Qualified 08/14/1991	
		4. FEI Number 65-0275549		Applied For <input type="checkbox"/> Not Applicable	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

VALLIERES, JEAN EUDES
930 N.E. 17TH TERRACE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	JEAN EUDES VALLIERES
82 Street Address (P.O. Box Number is Not Acceptable)	410 GOLDEN ISLE DR. # 403
83	
84 City	HALLANDALE
85 State	FL
86 Zip Code	33009

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 *Jean Eudes Vallieres* *JEAN EUDES VALLIERES* **04/3/98**
(Signature, typed or printed name of registered agent and the date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VALLIERES, JEAN EUDES	1.2 NAME	VALLIERES, JEAN EUDES
STREET ADDRESS	930 N.E. 17TH TERRACE	1.3 STREET ADDRESS	410 GOLDEN ISLE DR # 403
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 in an attachment with my address.

SIGNATURE: *Jean Eudes Vallieres* *JEAN EUDES VALLIERES* **04/3/98** **954-458-3911**

CR2E034 (10/97)