

5-8-98 B- 6893 -NC
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 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 # S94119 (2)
1. Corporation Name
CANDLESENCE V. INC.

Principal Place of Business
8320 SW 87TH TERR.
MIAMI FL 33143

Mailing Address
8320 SW 87TH TERR.
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 11/14/1991		4. FEI Number 65-0295725		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent TASE, LOUIS J. 8320 SW 87TH TERR. MIAMI FL 33143				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, LOUIS J.	1.2 NAME	
STREET ADDRESS	8320 S.W. 87TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, CAROL E.	2.2 NAME	
STREET ADDRESS	8320 S.W. 87TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, GREGORY L.	3.2 NAME	
STREET ADDRESS	1961 NW 184 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, JOHN J.	4.2 NAME	
STREET ADDRESS	10180 SW 49 MANOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTIMER, PAMELA	5.2 NAME	
STREET ADDRESS	9361 NW 39 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, TIMOTHY	6.2 NAME	
STREET ADDRESS	14075 LANGLEY PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	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 on an attachment with an address.

SIGNATURE: Carol E. Tasse CAROL E. TASSE 4/29/98 305-274-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0205224

CR2E034 (10/97)