FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 $200

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:41

DOCUMENT # 493814 (8)

1. Corporation Name
JENNELLE, INC.

Principal Place of Business
1060 E. 30TH ST.
HIALEAH FL 33013

Mailing Address
1060 E. 30TH ST.
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1976
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / Suite, Apt. #, etc. — 27
City & State — 23 / City & State — 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1641191 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
DUBIN, PAUL
1060 E 30TH ST
HIALEAH FL 33013

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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
*Signature (signature period) of Registered Agent and the Corporation — Date — Registered Agent Resignation (required) — Attorney-in-fact (signature)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUBIN, PAUL
STREET ADDRESS	1060 E 30TH ST
CITY ST ZIP	HIALEAH FL
TITLE	V
NAME	DUBIN, ANDREW
STREET ADDRESS	1060 E 30TH ST
CITY ST ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IN 97
1 TITLE [ ] Change [ ] Addition
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(bb), 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 is an attachment with an addition.

SIGNATURE: Rita Shifrin-Compton 1/11/95 305-836-8644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

0002681 CP