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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

493814

(8)

## FILED Jan 28 1998 8:00am Secretary of State

JENNE	LLE, INC.			e green to	Section 2
			9.4	<u> </u>	
Ŕ					
Principal Place of Business		Mailing Address			
1060 E. 30TH ST.		1060 E. 30TH ST.			
HIALEAH FL 33013		HIALEAH FL 33013		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
			l l	01/16/1976	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1641191	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	ntry	···	Added to Fees
Zip	25	29 30	¬ ### '	8. This corporation owes or has paid Personal Property Tax due June 3	- · - ·
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Regi	
DUBIN, PAUL B1 Name					
ARRA F RATE OF					
HIALEAH FL 33013			Street Addre	ess (P.O. Box Number is Not Acceptable	"
1197	ACCATT E GOOTS		3		
			4 0		[6.1 7: 0II
			4 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	502 and 607 1508, Florida Statutes,	ve-named corp	oration submits this statement for the pur	rpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the venamed 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 authough 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.					
SIGNATURE	·	_			J
Old Williams	Signature, typed or printed name of registered a		ag	<del></del>	DATE
12.		ND DIRECTORS  DELETE	E	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
TITLE	PD PAIN	C Deceie			Change Abollion
NAME	DUBIN, PAUL 1060 E 30TH ST		ME		
STREET ADDRESS	HIALEAH FL		REET ADDRESS		
CITY-ST-ZIP TITLE	V	☐ DELETE	17LE		Change Addition
NAME	DUBIN, ANDREW		NAME		
STREET ADDRESS	1060 E 30TH ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE	THE STATE OF THE S	☐ DELETE	TITLE		Change Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP		j	3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	<b>3</b> ∆TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	with that the information and a	with this filing does not qualify for	6.4 City - ST - ZIP	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the information
TALL THE FELLY C	ениу шастое топинакон қорұлей	with this thing bods not quality to: t	no exempleon stated fil a	oconon i rator (a)(i), monda alaidies. Hill	TOTAL COLUMN BIAL THE INICITMATION

14. Thereby certify that the information should with this filling 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 supplicit 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 appears.

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1/9/98

305-836-8648