

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

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F96000006603 (2)

1. Corporation Name
JANRA ENTERPRISES, INC.



Principal Place of Business 5134 AUBURN BLVD SACRAMENTO CA 95841	Mailing Address 5134 AUBURN BLVD SACRAMENTO CA 95841-2705
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/17/1996	3a. Date of Last Report
		4. FEI Number 68-0114836	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s 199 032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent CASTILLO, ERICK 2843 S BAYSHORE DR PH 1-D COCONUT GROVE FL 33133	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBRECHT, RALPH W		1.2 NAME	
STREET ADDRESS 5134 AUBURN BLVD		1.3 STREET ADDRESS	
CITY- ST- ZIP SACRAMENTO CA 95841		1.4 CITY- ST- ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELGADILLO, MAX		2.2 NAME	
STREET ADDRESS 5134 AUBURN BLVD		2.3 STREET ADDRESS	
CITY- ST- ZIP SACRAMENTO CA 95841		2.4 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, WAYNE E		3.2 NAME	
STREET ADDRESS 5134 AUBURN BLVD		3.3 STREET ADDRESS	
CITY- ST- ZIP SACRAMENTO CA 95841		3.4 CITY- ST- ZIP	
TITLE VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARVALHO, STEVEN B		4.2 NAME	
STREET ADDRESS 5134 AUBURN BLVD		4.3 STREET ADDRESS	
CITY- ST- ZIP SACRAMENTO CA 95841		4.4 CITY- ST- ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABDELLA, TROY		5.2 NAME	
STREET ADDRESS 5134 AUBURN BLVD		5.3 STREET ADDRESS	
CITY- ST- ZIP SACRAMENTO CA 95841		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 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 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: *Steven B. Carvalho* **STEVEN B. CARVALHO**
 DATE: **2/11/97** (916) 332-3790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)