

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006603 (2)**  
 1. Corporation Name  
**JANRA ENTERPRISES, INC.**



Principal Place of Business <b>5134 AUBURN BLVD SACRAMENTO CA 95841</b>	Mailing Address <b>5134 AUBURN BLVD SACRAMENTO CA 95841</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>12/17/1996</b>	
<b>4.</b> FEI Number <b>68-0114836</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. 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**

<b>81</b> Name <b>Ralph W. Albrecht, Jr.</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2913 Coral Shores Drive</b>	
<b>83</b> City <b>Fort Lauderdale, FL 33306</b>	
<b>84</b> City <b>FL</b>	<b>85</b> 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 *Ralph W. Albrecht, Jr.* **Ralph W. Albrecht, Jr.** **4/22/98**  
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Ralph W. Albrecht, Sr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALBRECHT, RALPH W</b>		1.2 NAME	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SACRAMENTO CA 95841</b>		1.4 CITY-ST-ZIP	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DELGADILLO, MAX</b>		2.2 NAME <b>Steven B. Carvalho</b>	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		2.3 STREET ADDRESS <b>5134 Auburn Blvd.</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95841</b>		2.4 CITY-ST-ZIP <b>Sacramento, CA 95841</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOORE, WAYNE E</b>		3.2 NAME <b>John Wilson</b>	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		3.3 STREET ADDRESS <b>5134 Auburn Blvd.</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95841</b>		3.4 CITY-ST-ZIP <b>Sacramento, CA 95841</b>	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARVALHO, STEVEN B</b>		4.2 NAME <b>Steven B. Carvalho</b>	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		4.3 STREET ADDRESS <b>5134 Auburn Blvd.</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95841</b>		4.4 CITY-ST-ZIP <b>Sacramento, CA 95841</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ABDELLA, TROY</b>		5.2 NAME <b>Linda Baitinger</b>	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		5.3 STREET ADDRESS <b>5134 Auburn Blvd.</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95841</b>		5.4 CITY-ST-ZIP <b>Sacramento, CA 95841</b>	
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 on an attachment with an address.

SIGNATURE *Linda Baitinger* **Linda Baitinger** **(916) 222-2522**

CR2E034 (10/97)