

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

FILED

96 SEP -6 AM 8:51

DOCUMENT # K32866 (1)

1. Corporation Name
JENISA INTERNATIONAL INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **782 NW LEJEUNE RD. STE. 533 MIAMI FL 33126**
Mailing Address: **782 NW LEJEUNE RD. STE. 533 MIAMI FL 33126**

3. Date Incorporated or Qualified: **09/12/1988**
3a. Date of Last Report: **07/20/1995**
4. FEI Number: **65-0074196**
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 intangible tax under s. 199.23, Florida Statutes: Yes No

2. Principal Place of Business:
21 **5255 NW 87th Ave**
22 **301**
23 **Miami, FL**
24 **33178**
25 **USA**
26 **5255 NW 87th Ave**
27 **301**
28 **Miami, FL**
29 **33178**
30 **USA**

9. Name and Address of Current Registered Agent
**SAIZ, JUAN M
782 NW LEJEUNE RD.
SUITE 533
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name: **CARLOS CASTELLON**
82 Street Address (P.O. Box Number is Not Acceptable): **THE KOGER CENTER
5255 N.W. 87th AVE Ste 301**
83 **MIAMI, FL**
84 City: **Miami** 85 Zip Code: **33178**

11. Pursuant to the provisions of Sections 609.01, 609.02, and 609.03, 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, and the change was approved by the corporation through its board of directors, and hereby accept the appointment as registered agent. I am familiar with and accept the duties and liabilities of such office, and I am not a natural person.

SIGNATURE: **CARLOS CASTELLON** *Carlos M. Castellon* **8-5-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HUALPA, DILMA	
STREET ADDRESS	29850 SW 209 AVE.	
CITY, ST, ZIP	HOMESTEAD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARDENAS, YOLANDA	
STREET ADDRESS	29850 SW 209 AVE.	
CITY, ST, ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> OFFER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> OFFER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

100001996001
-09/25/96-01023-022
****225.00 ****225.00

JB 9-16-96

14. I do hereby certify that the information supplied in this report is true and correct, and does not qualify for the exemption stated in Section 119.073(4), Florida Statutes. I further certify that the information is available to the public and is not confidential. I declare under oath that I am an officer or director of the corporation or the registered or trustee empowered to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an appointment to an address.

SIGNATURE: *Juan M. Saiz* **Juan M. Saiz, Esq.** **8-5-96** **444-6664**

CR2E034 (12/95)