

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

94 AUG 17 AM 8:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000053303 (2)

1. Corporation Name
JANEIRO INC.

Mailing Address: **191 BRADLEY PL PALM BEACH FL 33480**
 Principal Place of Business: **191 BRADLEY PL PALM BEACH FL 33480**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address: **21**
 Suite, Apt. #, etc. **22**
 City & State **23**
 Zip **24** Country **25**

2a. Principal Place of Business: **26**
 Suite, Apt. #, etc. **27**
 City & State **28**
 Zip **29** Country **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1993**
 3a. Date of Last Report

4. FBI Number: **65-0423642**
 Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution:
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:
 \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent


YOUCHAK THOMAS M
~~603 VILLAGE BLVD~~
~~SUITE 206~~
~~WEST PALM BEACH FL 33409~~

*241 BRADLEY PLACE #3
 PALM BEACH, FL. 33480*

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 responsibility as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: 

Signature, typed or printed name of registered agent and title if applicable: _____
 NOTE: Registered Agent signature not used when registering: _____

12. OFFICERS AND DIRECTORS

11 TITLE: **D**
 12 NAME: **YOUCHAK THOMAS M**
 13 STREET ADDRESS: **603 VILLAGE BLVD SUITE 206**
 14 CITY-ST-ZIP: **WEST PALM BEACH FL 33409**

21 TITLE: **Vice President**
 22 NAME: **Michael T. Youchak**
 23 STREET ADDRESS: **1219 Palo Alto #2**
 24 CITY-ST-ZIP: **Pittsburgh, Pa. 15212**

31 TITLE: _____
 32 NAME: _____
 33 STREET ADDRESS: _____
 34 CITY-ST-ZIP: _____

41 TITLE: _____
 42 NAME: _____
 43 STREET ADDRESS: _____
 44 CITY-ST-ZIP: _____

51 TITLE: _____
 52 NAME: _____
 53 STREET ADDRESS: _____
 54 CITY-ST-ZIP: _____

61 TITLE: _____
 62 NAME: _____
 63 STREET ADDRESS: _____
 64 CITY-ST-ZIP: _____

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: _____
 12 NAME: **Address change**
 13 STREET ADDRESS: **241 Bradley Place**
 14 CITY-ST-ZIP: **Palm Beach, Fl. 33480**

21 TITLE: _____
 22 NAME: _____
 23 STREET ADDRESS: _____
 24 CITY-ST-ZIP: _____


31 TITLE: _____
 32 NAME: _____
 33 STREET ADDRESS: _____
 34 CITY-ST-ZIP: _____

41 TITLE: _____
 42 NAME: _____
 43 STREET ADDRESS: _____
 44 CITY-ST-ZIP: _____

51 TITLE: _____
 52 NAME: _____
 53 STREET ADDRESS: _____
 54 CITY-ST-ZIP: _____

61 TITLE: _____
 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 199.03(1)(b), 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 or Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an after report with an address.

SIGNATURE:  9/9/94 407.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR