

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000053303 (2)**

1. Corporation Name
JANEIRO INC.



Principal Place of Business

191 BRADLEY PL
PALM BEACH FL 33480

Multiple Address

191 BRADLEY PL
PALM BEACH FL 33480

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip

2a. Multiple Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip

24
County

30
County

9. Name and Address of Current Registered Agent

YOUCHAK, THOMAS M
241 BRADLEY PL
STE 3
PALM BCH FL 33480

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

11. Pursuant to the provisions of Sections 607.0607 and 607.1608, Florida Statutes, the above named corporation is filing 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, and by a majority of the shareholders, and I am a familiar with, and accept the original copy of, Section 607.0607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUCHAK, THOMAS M	
STREET ADDRESS	191 BRADLEY PLACE	
CITY-STATE-ZIP	PALM BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YOUCHAK, MICHAEL T	
STREET ADDRESS	932 W. NORTH AV.	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
15 NAME		
16 STREET ADDRESS		
17 CITY-STATE-ZIP		
18 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19 NAME		
20 STREET ADDRESS		
21 CITY-STATE-ZIP		
22 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
23 NAME		
24 STREET ADDRESS		
25 CITY-STATE-ZIP		
26 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
27 NAME		
28 STREET ADDRESS		
29 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this report is true and correct, and I represent and warrant that the information is true and correct. I further certify that the information indicated on this report is true and correct, and I represent and warrant that the information is true and correct. I further certify that I am an officer or director of the corporation or the registered agent or both, and that my name appears in Book 12 or Book 13 of the records of the Department of State, and that my name appears in Book 12 or Book 13 of the records of the Department of State.

SIGNATURE:

Thomas M. Youchak
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

CR2E034 (12/95)