

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 247808 (9)**

**1. Corporation Name  
JAMUN, INC.**

**Principal Place of Business  
% 1497 N.W. 7TH ST  
MIAMI FL 33125**

**Mailing Address  
% 1497 N.W. 7TH ST  
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 05/25/1961**      **3a. Date of Last Report 02/01/1994**

**4. FEI Number 59-1095536**      **Applied For Not Applicable**

**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. 189.032, Florida Statutes**  Yes  No

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

**9. Name and Address of Current Registered Agent**

**MUNACH, GLENN  
3470 N 31ST AVE  
HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>P</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MUNACH, GLENN</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3470 N 31ST AVE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>HOLLYWOOD FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>V</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MUNACH, ALICE</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>11 ISLAND AVE PH 6</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI BEACH FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(3)(k), 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 liquidator 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 affidavit.**

**SIGNATURE:** *Glenn J. Munach* **GLENN J. MUNACH**

**3/8/95**      **305 541-2855**