FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 510745 (3)

1. Corporation Name
THE JANIS COMPANY, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVENUE SUITE 150 CORAL GABLES FL 33146	1550 MADRUGA AVENUE SUITE 150 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 7600 Red Road	26 7600 Red Road
22 Suite, Apt. #, etc. 223	27 Suite, Apt. #, etc. 223
23 City & State South Miami, FLA.	28 City & State South Miami, FLA.
24 Zip 33143 — 25 Country DADE	29 Zip 33143 — 30 Country DADE

3. Date Incorporated or Qualified: 08/17/1976
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1686171 — 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JANIS, BERNARD 1550 MADRUGA AVE. STE. 150 CORAL GABLES FL 33146	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7600 Red Road 83 Suite 223 84 City South Miami FL 85 Zip Code 33143

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MACINA, ANTHONY F	1.2 NAME	
STREET ADDRESS	9713 S.W. 99TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	JANIS, BERNARD	2.2 NAME	
STREET ADDRESS	115 ARVIDA PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☑ Change ☐ Addition
NAME	GERDA, JANIS	3.2 NAME	
STREET ADDRESS	1550 MADRUGA AVE., STE. 150	3.3 STREET ADDRESS	7600 Red Road Suite 223
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	South Miami, FLA. 33143
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 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: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180800 CP