FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

667508

(6)

JENIS INC.

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FILED

May 06 1998 8:00am

Secretary of State

* 1	I thatte attended to the court of the court

Principal Place	e of Business	Mailing Address					
2765 W CYPRESS CRK RD #8 2765			C/O DAVID R. FARBSTEIN. ESQUIRE 2765 W CYPRESS CRK RD #B				
					DO NOT IMPITE IN THE OBACE		
FT LAUDERDA	ALE FL 33309	FT LAUDERDALE	FL 33309		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified		ļ
					04/22/1980		_
· ·	ace of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For	_
21		26			59-2047066	Not Applicab	ole
Suite, Apt. #, etc.		Suite, Apt. #. 6	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	_
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	- 1
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	ent Registered Agent		, .	10. Name and Address of New Registe	ered Agent	_
FAI	rbstein, david R. (Esquire)			81 Name			
276	85 W CYPRESS CREEK RD, ST	Έ₿		82 Street A	Address (P.O. Box Number is Not Acceptable)		\dashv
	LAUDERDALE FL 33309			OZ SIFECIA	doctress (1.0. box (full) bot is fact Acceptable)		
				83	r .		ヿ
					<u>, </u>		
				84 City	•	FL 85 Zip Code	
44 Pursuant t	a the provisions of Spoliops 607.05	02 and 607 1508 Florida	Statutor the at	nowo namod o	corporation submits this statement for the purpo	, ,	
office or re	egistered agent, or both, in the State	e of Florida. Such chang	e was authorized	by the corp	oration's board of directors. I hereby accept the	appointment as registered	í l
agent.la	m familiar with, and accept the obliq	gations of, Section 607.0	505, Florida Stal	utes.			
SIGNATURE							_
	Signature, typed or printed name of registered a		<u> </u>	l Agent signature r		AND DIDECTORS IN 10	
12.	PD	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Additi	
TITLE	S OOTKOOS, DENNIS	LJ OFF				Cuante Cavani	· I
NAME		n	1.2 NA				ļ
STREET ADDRESS	2914 PONCE DE LEON BLV	U	1.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			IY-ST-ZIP			_
TITLE	VD	☐ DEL	ETE 2.1 TIT	LE		Change Additi	on
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NAME			3.2 NA	ME Î			
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NAME			4. 2 N	- 1			
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NAME			5.2 NA	ME			
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CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DEL	ETE 6.1 TIT	LE		Change Additi	on
NAME			6.2 NA	ME			
STREET ADDRESS				REET ADDRESS			
				i			
CITY-ST-ZIP		,	D.4 CI	TY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 applications in with an address.