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 # F9300000626 (2)

JANA INVESTMENT, INC.

推

SIGNATURE:

PERSCH. JOHENNES

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business Buir, Woodbridge, Reus & Klein, P. A. Baur, Woodbridge, Reus&Klein, P. Baur, Woodbridge, Reus&Klein, P. A. Baur, Woodbridge, Reus&Klein, P. Baur, Woodbridge, Reus&Klein, P. A. Baur, Woodbridge, Reus&Klein, P. A. Baur, Woodbridge, Reus&Klein, P. Baur, Woo				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				01/26/1993	
2. Principal F	Place of Business	2a. Mailing Address	3	4. FEI Number	Applied For
21		26		65-0325319	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		I & Certificate of Status Desired I I TT	1.75 Additional
City & State		City & State			5.00 May Be
23] Z ip	Country	28	Country		dded to Fees
24	25	29	30	8. This corporation owes or has paid the current yes Personal Property Tax due June 30.	
	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
BA	UR, THOMAS		81 Name		
	O NORTH BISCAYNE BLVD.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33132					
			83		
			84 City	85	Zip Code
44 5		0 1007 1500 51 11		FL 🐃	<u></u>
office or a	registered agent, or both, in the State	of Florida. Such change	was authorized by the corp	corporation submits this statement for the purpose of chan- poration's board of directors. I hereby accept the appointment	ging its registered ent as registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.050	05, Florida Statutes.		·
SIGNATURE	Signature, typed or printed name of registered age	rut and little if applicable	[NOTE: Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	Ď	☐ DELET	E 1.1 TITLE	☐ CI	hange Addition
NAME	LEACH, SHARON		1.2 NAME		
STREET ADDRESS ALLEYNE HOUSE, WHITE PARK RD.			1.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGETOWN, BARBADOS	***	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELET		L c	hange L Addition
HAME	PERSCH, JOHANNES		2.2 NAME		
STREET ADDRESS	RHEINGAUERSTRASSE 49	HIC OV	2.3 STREET ADDRESS		•
CITY-ST-ZIP	65388 SCHLANGENBAD/TAU	TUS GT	E 3.1 TITLE	□ Ci	hange Addition
NAME		_ Jeen	3.2 NAME		Table Trade Con
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET	E 4.1 TITLE		hange 🔲 Addition
HAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELET	f 1	L) CI	hange L. Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELET	5.4 CITY-ST-ZIP E 6.1 TITLE	□ cr	hange Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied wi	th this filing does not qua	atify for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify the	at the information
indicated officer or Block 12	on this annual report or supplementa director of the corporation or the reco or Block 13 if changed, or on an attac	il annual report is true and eiver or trustee empowere chment with an address.	d accurate and that my sign ed to execute this report as	Pature shall have the same legal effect as if made under or required by Chapter 607, Florida Statutes; and that my nar	ath; that I am an ne appears in