

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # F96000006603 (2)**

1. Corporation Name  
**JANRA ENTERPRISES, INC.**



Principal Place of Business <b>5134 AUBURN BLVD SACRAMENTO CA 95841</b>	Mailing Address <b>5134 AUBURN BLVD SACRAMENTO CA 95841-2705</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>12/17/1996</b>	3a. Date of Last Report
		4. FEI Number <b>68-0114836</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>CASTILLO, ERICK 2843 S BAYSHORE DR PH 1-D COCONUT GROVE FL 33133</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALBRECHT, RALPH W</b>		1.2 NAME	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP <b>SACRAMENTO CA 95841</b>		1.4 CITY- ST- ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELGADILLO, MAX</b>		2.2 NAME	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>SACRAMENTO CA 95841</b>		2.4 CITY- ST- ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, WAYNE E</b>		3.2 NAME	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>SACRAMENTO CA 95841</b>		3.4 CITY- ST- ZIP	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARVALHO, STEVEN B</b>		4.2 NAME	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP <b>SACRAMENTO CA 95841</b>		4.4 CITY- ST- ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABDELLA, TROY</b>		5.2 NAME	
STREET ADDRESS <b>5134 AUBURN BLVD</b>		5.3 STREET ADDRESS	
CITY- ST- ZIP <b>SACRAMENTO CA 95841</b>		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Steven B. Carvalho* **STEVEN B. CARVALHO**  
 DATE: **2/11/97** (916) 332-3790  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)