

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006603 (2)
 1. Corporation Name
JANRA ENTERPRISES, INC.



Principal Place of Business 5134 AUBURN BLVD SACRAMENTO CA 95841	Mailing Address 5134 AUBURN BLVD SACRAMENTO CA 95841
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	23 Country	24 Country
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3. Date Incorporated or Qualified 12/17/1996	
4. FEI Number 68-0114836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CASTILLO, ERICK
2843 S BAYSHORE DR PH 1-D
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name Ralph W. Albrecht, Jr.	
82 Street Address (P.O. Box Number is Not Acceptable) 2913 Coral Shores Drive	
83 City Fort Lauderdale, FL 33306	
84 City FL	85 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 *Ralph W. Albrecht, Jr.* **Ralph W. Albrecht, Jr.** **4/22/98**
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DC	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBRECHT, RALPH W		Ralph W. Albrecht, Sr.
STREET ADDRESS 5134 AUBURN BLVD		
CITY-ST-ZIP SACRAMENTO CA 95841		
TITLE DP	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DELGADILLO, MAX		President
STREET ADDRESS 5134 AUBURN BLVD		5134 Auburn Blvd.
CITY-ST-ZIP SACRAMENTO CA 95841		Sacramento, CA 95841
TITLE D	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOORE, WAYNE E		Vice President
STREET ADDRESS 5134 AUBURN BLVD		5134 Auburn Blvd.
CITY-ST-ZIP SACRAMENTO CA 95841		Sacramento, CA 95841
TITLE VT	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARVALHO, STEVEN B		CFO
STREET ADDRESS 5134 AUBURN BLVD		Steven B. Carvalho
CITY-ST-ZIP SACRAMENTO CA 95841		5134 Auburn Blvd.
TITLE S	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABDELLA, TROY		Secretary
STREET ADDRESS 5134 AUBURN BLVD		Linda Baitinger
CITY-ST-ZIP SACRAMENTO CA 95841		5134 Auburn Blvd.
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 *Linda Baitinger* **Linda Baitinger** **(916) 222-2522**

CR2E034 (10/97)