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SECRETAINY OF STATE TALLAHASSEE, FLORIDA

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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	G24893
1. Corporation Name		GETOO

JANIRAH	I VIANS, INC.				j	HARRINI BANK KIRIK BANG KANG BANG KANG KIRI ANG	412347 WUWAWWWWWW
		e jedna jej na na na			ĺ		I 1181 1818 II BIBI BIBI 1881 1881 III
Principal Plac		Mailing Address			ĺ		•••••
4420 S.W. 88 AVENUE P O BOX 651099 MIAMI FL 33265 MIAMI FL 33265)	}				
M	•	US			j	DO NOT WRITE IN THI	S SPACE
					ļ	3. Date Incorporated or Qualifed	··· · }
		1				02/21/1983	
- ¬	lace of Business	2a. Mailing Address				4, Ft i Number	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.				59-2292298	Not Applicable
22	#, etc	27				5, Certificate of Status Desired []	\$8.75 Additional Fee Required
City & Stat	e	City & State			ì	6, Election Campaign Financing	\$5,00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Žip	Count	try]	8. This corporation owes the current year to	ntangible
24	25	[29]	30			Personal Property Tax	[IYes [INo
	9. Name and Address of Current	Registered Agent),	81 Nar		10. Name and Address of New Registered	d Agent
VIAN	IS, JANIRAH		ľ	i i i i i i i i i i i i i i i i i i i	TIE:)
	SW 88TH AVE		1	32 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)	
	MI FL 33265			33			
)*				1
			[6	34 Oity	<i>t</i>	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes the abo	ive⊹nan	ied corpor	l ⊪ ation submits this statement for the purpose d	 1. 1
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	authorized I	by the co	orporation	is board of directors. I hereby accept the app	ointment as registered
	to the transfer of the designed	10112 01, 0000011 001 37000, 110	onon Canon	0.5.			1
SIGNATURE	Signature, typed or printed name of registered ages	cand bee if applicable (NOTE	Rejiste ed A	gent Septis	ar hapare Le	et es recisata ji	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	C) DELETE	1.1 THE			500002841	[]Change []Add ton
NAME	VIANS, JANIRAH		1.2 NAM		ł	-04/15/99	1 3135 r 01133034
STREET ADDRESS	4420 S.W. 88 AVE.			EET ADORE	SS	****150.00	****150.00
CITY-ST-ZIP	MIAMI FL	[DELF1E	21 Tita	·\$1-20	1	100.00	[] Change [] Addition
TITLE	}	() DELFTE	2 2 NAM				[Louwide Lyadianii
NAME STREET ADDRESS			1	e Ee Ladorie			
CITY-ST-ZIP			2.40(1)				
TITLE		[] DELETE	3 1 THU		1		[]Change []Addition
NAME			3.2 NAM		1		
STREET ADDRESS				IROCA L31	rss		
CITY-ST-ZIP			3.4 CIT	-ST-ZF	1		
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NAME			4.2 NAS	.15	ļ		
STREET ADDRESS			4.3.STR	re LADOR(185		
CITY-ST-ZIP				·\$1-761	1		
TITLE)	[] DELETE	5 (1011)		j		[] Change [] Addition]
NAME			5.7 NAM				j
STREET ADDRESS				E LADORE	35		1
CITY-ST-ZIP		[] DEVETE	54 CITY 61 TITU		-		F1Chacas F18ddaes
TITLE		Floerele	6.7 NAM				[Change [Addition
NAME STREET ADDRESS			I	" E 6 1 ADORE	ess		
CITY-ST-ZIP	İ			-51-76			
OH TO SIVE	l .		0.4 0.111		,		1

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes of further certify that the information indicated on this annual report or supplemental arrural 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 employered 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, with all other like empowered