2 <sup>nd</sup> and FINAL NOTI		or before Sept. 3								····	
				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 OCT 16 PM 1: 50				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1 Name and Mailing Address of Limited Liability Company						SEGRETARY OF STATE: TALLAHASSEE, FLORIDA					
JANASA TRADING, L.C. 7760 WEST 20TH AVENUE SUITE 21 HIALEAH FL 33016								1a. Principal Place of Business Address 7760 WEST 20TH AVENUE SUITE 21 HIALEAH FL 33016			
2. Principal Place	e of Business		2a. Maili	2a. Mailing Address			3. Date Organiz	ed or Qualified	3a. State	of Formation	
Suite, Apt. #, etc.	<del></del>		Suite, Ap	t. #, etc.		-	08/29/1	.995	FL		
			<u> </u>				4. FEI Number			Applied For	
City & State			City & State			65-0622			Not Applicable		
Zip	Country		Zip Country			´ .				cate of Status Desired	
7.	. Name and Add	Iress of Current R	egistered	Agent	<u> </u>	l 8.	04/29/1 Name and Addres				
LEDERMAN, MAX J 7760 W. 20 AVE., BAY 21 RIALEAH FT. 33016  9. Pursuant to the provisions of Sections 508 416 and 608.508, its registered office or registered agent, or both, in the State of Floridas registered agent, and accept the obligations				, Florida Statute ida. Such chang	s, the al	Suite, Apt. #, etc	d liability company s	FL ubmits this state ty of the members	Zip Code ment for the	e purpose of changing accept the appointment	
SIGNATURE	11	and Spen Accepting Apr	pointment) (N	IOTE Registered Age	ent signatur	e required when reinstatle	ng)	DATE 9-30-98			
10. Title	10. Title Managing Members/Managers			Business Street Address			}	City, State and Zip Code			
MGRM LE	DERMAN,	MAX L		7760 W	7. 2	0 AVE.,	BAY 21	HIALEA	H FL		
			!			•	90	10002 -10/2 *****	'671 3/38 188.75	-01065003	
<u>_</u>			/	<u>;                                    </u>				do	10		
1 I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information intercated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.											
SIGNATURE: MAX LEDERMAN 9-30-98											

JNHSE 10 R (5-98)

## JANASA TRADING L.C.

## 7760 West 20th Avenue, Suite 21 Hialeah, Fl 33016

Telephone: (305) 826-9971 e-mail: janasa@bellsouth.net Fax: (305) 826-9973

Date: October 13, 1.998

To: Florida Department Of State Division of Corporation

From: Max Lederman Ref: Annual Report 1998

As per our conversation on September 30,1998 I am sending you all the copy of the annual report that I had send in April of this year and you never received it. I am sending you also the new annual report and a check for U.S. \$188.75.

I had not send you the second report because I had already send you the one for April and that is why I never paid attention to this new report you had send me. Please withdrawal the late fee. Thank you for your cooperation.

Sincerely,

Max Lederman

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File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FLORIDA DEPARTMENT OF STATE

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	FLORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COF	<b>lortham</b> f State	!			
FILING FEE Annual Report \$100.00 \$ 188.75 Make Check Payable	+ \$88.75 Corporation Sup To: FLORIDA DEPARTMEN	plemental Fee				
	MENT # 1950000					
JANASA TRADING, L. 7760 WEST 20TH AVE SUITE 21 HIALEAH FL 33016	1a. Principal Place of Business Address  7760 WEST 20TH AVENUE SUITE 21 HIALEAH FL 33016					
2. Principal Place of Business	2a. Mailing Address		3. Date Organized or Qual	ified 3a. State	of Formation	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		08/29/1995 FL			
City & State	City & State		CF 000010		Applied For	
	7		65-0622312 5. Date of Last Report	6. Certifi	Not Applicable ate of Status Desired	
Zip Country	Zip Coun	try	_04/29/1997	\$8.75 Addit	ional Fee Bequired	
7. Name and Address of Current	Registered Agent	8. N	lame and Address of New I	Registered Agent	t/Office	
LEDERMAN, MAX J 7760 W. 20 AVE., BAY 2 HIALEAH FL 33016  9. Pursuant to the provisions of Sections 6 BA1 Its registered office or registered agent, or bath in the as registered agent, and accept the oblig than	and 608.508, Floring Statutes, the a	Suite, Apt. #, etc.  City  bove-named limited t	iability company submits this ve vote of a majority of the me	Zip Code  FL  statement for the	cept the appointment	
SIGNATURE (Residence Anastroccoping	(NOTE: Registered Agent signature	re required when reinstating)	UM1C	4-63.	76	
10. Title Managing Members/Manager	s Busine	ess Street Address		City, State and 2	ip Code	
MGRM LEDERMAN, MAX L	7760 W. 2	0 AVE., B.	AY 21 HIA	LEAH FL		
11. I do hereby certify that the information supplied wi	in this fill adous not qualify for the ex-	euotion statertin Sect	tion 119,07(3)(i) Florida Stat	utes   huthercost	orthat the Information	

11. Ido hereby certify that the information supplied with this filling does not qualify for the excelption stated in Section 119.07(3) (i). Florida Statutes. I further cen fry that the information indicated on this annual report is true and accurate and the my signature shall have the game legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appear in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED CHANNED FAME OF SIGNING MANAGING MEMBER OR MANAGER

MAX LEDERMAN

U-23.98

1 aytime Phone #