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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M13175 (8)

**1. Corporation Name
JEANERATION, INC.**

**Principal Place of Business Mailing Address
721 W 49TH ST 721 W 49TH ST
HIALEAH FL 33012 HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1985 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2552732 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

**2. Principal Place of Business 2a. Mailing Address
21 1455 NW 107 Avenue 26 1455 NW 107 Avenue**

**Suits, Apt. #, etc. Suits, Apt. #, etc.
22 27**

**City & State City & State
23 MIAMI, Florida 28 MIAMI, Florida**

**Zip Country Zip Country
24 33172 25 Dade 29 33172 30 Dade**

9. Name and Address of Current Registered Agent

**ABRIL, ALEX
721 W 49TH ST
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

**81 Name Olga Maria Gomez
82 Street Address (P.O. Box Number is Not Acceptable) 19355 Turnberry Way # 3-J
83
84 City Aventura FL 85 Zip Code 33180**

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: Olga M. Gomez

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	GOMEZ, GUILLERMO
STREET ADDRESS	CARRETA 12 N. 16-73/75
CITY - ST - ZIP	BOGOTA, COLOMBIA
TITLE	VP
NAME	Olga Maria Gomez
STREET ADDRESS	19355 TURNBERRY WAY # 3-J
CITY - ST - ZIP	Aventura, FL. 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Olga M. Gomez

4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

(Optional) Title