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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M95528** **(9)**

1. Corporation Name
JUNECO, INC.

Principal Place of Business	Mailing Address
% JULIO M. NAJARA ~~220 NE 6TH AVE~~ ~~HIALEAH FL 33010~~	~~19700 NW 86CT~~ ~~220 NE 6TH AVE~~ ~~HIALEAH FL 33010~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1988**
3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business: 16525 NW 2nd Ave
26 2a. Mailing Address: 19700 NW 86 Ct
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
23 City & State: Miami, Fl.
28 City & State: Miami Fl.
24 Zip: 33169 25 Country: USA
29 Zip: 33015 30 Country: USA

4. FEI Number: **65-0074756** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAJARA, JULIO M. **19700 NW 86CT** ~~**SUITE 212**~~ **MIAMI FL 33015**	81 Name: NAJARA, Julio M 82 Street Address (P.O. Box Number is Not Acceptable): 19700 NW. 86 Ct. 83 84 City: Miami FL 85 Zip Code: 33015

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	NAJARA, JULIO M.	12 NAME	NAJARA, Julio M
STREET ADDRESS	~~9700 NW 86 CT~~	13 STREET ADDRESS	19700 NW. 86 Ct.
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, Fl. 33015.
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	NAJARA, NERIDA	22 NAME	
STREET ADDRESS	19700 NW 86 CT	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ 4/21/95 945-2318.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000407 CP