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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

JEAN	YANIRE (USA), INCORPO	RATE	)						
incipal Place	of Business	 M	lailing Address				III ORDA JURA III I		
rincipal Place of Business Mailing Address  3225 NE 6TH STREET 3225 NE 6TH STREE  POMPANO BEACH FL 33062 POMPANO BEACH F									
						3. Date incorporated or Q 03/03/1987	ualified 3a.	Date of Las	t Report 1/1995
Principal Pla	ace of Business	<u>├</u>	Mailing Address			4. FEI Number	L		Applied For
Suite, Apt.	# oto	26	Suite, Apt. #, etc.			84-0990889			Not Applicable
Soile, Apr. 1	*, etc	27	Soile, Apr. #, etc.			5. Cert-ficate of Status De	sired		. <b>75</b> Additional se Required
City & State	)		City & State			6. Election Campaign Fina	incing	\$5	.00 May Be
7/ -		28	-7-			Trust Fund Contribution	<del></del>		ided to Fees
Zip	Country 25	29	Zip	30 Cou	ntry	This corporation has lia     Florida Statutes	bility for intangit ☐ Yes ☐ N		ırs 199.032,
	g. Name and Address of Curre		stered Agent	130		10. Name and Address o			
					81 Name				
	L & BOOTH, P.A.				B2 Street A	Address (P.O. Box Number is Not Acceptable)			
2900 E. OAKLAND PARK BLVD. 2ND FLOOR FT. LAUDERDALE FL 33306					83				
					63				
11. [7	ODENDALE I E 33300				B4 City			FL 85	Zıp Code
familiar wit SNATURE	th, and accept the obligations of, Sec	ction 607.	.0505, Florida Statute	9\$.		rporation submits this statement fo board of directors. I hereby accept			ired agent. I am
familiar wit	ed agant, or both, in the State of Flor th, and accept the obligations of, Sec Signature, typed or printed name of registered ager OFFICERS AN	otion 607.	.0505, Florida Statute	9\$.	Agent s.g. ature re	rporation submits this statement for board of directors. I hereby accept supply and when renstating.  ADDITIONS/CHANGES	DA	TE.	CTORS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MARIETTE AND RESIDENT SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF BIGNING OFFICER OR

April 23 pl. 1996 954-786 8657