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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036427 (1)

JANP, INC. Principal Place of Business Mailing Address 7223 NW 54 ST MIAMI FL 33166 7223 NW 54 ST MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/20/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0411304 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Žιρ 8. This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FERNANDEZ, EDUARDO 520 BRICKELL KEY DR 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 305** 83 **MIAMI FL 33131** Zip Cod€ 84 City 85

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 ar | n familiar with, and accept the obligations of, Section 607.0505, F | lorida Statutes. | |
|----------------|--|---------------------------------------|---|
| SIGNATURE | Signature, typed or profind name of registered aguitt and little if applicable (NC | OTE: Registered Agent signature requi | ired when reinstating) DATE |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D DELETE | 1.1 TITLE | Change Addition |
| NAME) | PAIVA, LEONARDO | 1.2 NAME | |
| STREET ADDRESS | 7223 NW 54 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETÉ | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | _ | 2. 4 CITY - ST - ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4, 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | DELETE | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| | 1 / | ■ 1 | |

14. Thereby certify that the information supplied with his filing 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 almual 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 receipt or kustee 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 attagriment with an address.

SIGNATURE:

· Laprardo Paiva

3/18/98

FILED

Mar 24 1998 8:00am

Secretary of State

(305) 883-4774