

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10:51

DOCUMENT # P94000055481 (3)

1. Corporation Name

JANECO INTERNATIONAL, INC.

Principal Place of Business

**901 NORTH MIAMI AVENUE
MIAMI FL 33132**

Mailing Address

**901 NORTH MIAMI AVENUE
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

P.O. BOX 165539

4. FEI Number

65-0505314

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23

City & State

Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

33116-5539

Country

30

USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LOWE, JANETTE M
901 NORTH MIAMI AVENUE
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **LOWE, JANETTE M**
STREET ADDRESS **901 NORTH MIAMI AVENUE**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VP**
NAME **LOWE, CHARLES M**
STREET ADDRESS **901 NORTH MIAMI AVENUE**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **PTD** ☒ Change ☐ Addition
2 NAME **LOWE, JANETTE M**
3 STREET ADDRESS **901 North Miami Avenue**
4 CITY-ST-ZIP **Miami, FL 33132**

21 TITLE **S** ☒ Change ☐ Addition
22 NAME **LOWE, CHARLES M**
23 STREET ADDRESS **901 North Miami Avenue**
24 CITY-ST-ZIP **Miami, FL 33132**

31 TITLE **V** ☐ Change ☒ Addition
32 NAME **CHUNG, ANDREW N**
33 STREET ADDRESS **901 North Miami Avenue**
34 CITY-ST-ZIP **Miami, FL 33132**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 110.07(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 on an attachment with an address.

SIGNATURE:

Janette Lowe

Janette Lowe PTD

March 7, 1995 (305) 273-6201

(Signature and Type on Printed Name of Signing Officer or Director)

Date (Type or Print)