

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 DEC 23 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000055481

1. Corporation Name

JANECO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

901 N. Miami Ave
Miami, FL 33136

901 N. Miami Ave
Miami, FL 33136

3. Date Incorporated or Qualified

July 25, 1994

3a. Date of Last Report

September 9, 1996

2. Principal Place of Business

2a. Mailing Address

21 901 N. Miami Ave

26 901 N. Miami Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 Miami, FL

24 Zip

Country

33136

DADE

29 Zip

Country

33136

DADE

4. FEI Number

65-0505314

Applied For

Not Applicable

6. 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

Janette Lowe-Chung
901 N. Miami Ave.
Miami, FL 33136

81 Name

E. Joseph Lowe

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

901 N. Miami Ave.

83

84 City

Miami

FL

85 Zip Code
33136

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

Joseph Lowe

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☒ DELETE

NAME Janette Lowe Chung

STREET ADDRESS 901 N. Miami Ave

CITY-ST-ZIP Miami, FL 33136

TITLE Vice president ☒ DELETE

NAME Charles M. Lowe

STREET ADDRESS 901 N. Miami Ave.

CITY-ST-ZIP Miami, FL 33136

TITLE Secretary ☒ DELETE

NAME Janette Lowe Chung

STREET ADDRESS 901 N. Miami ave.

CITY-ST-ZIP Miami, FL 33136

TITLE Treasurer ☒ DELETE

NAME Janette Lowe Chung

STREET ADDRESS 901 N. Miami Ave

CITY-ST-ZIP Miami, FL 33136

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

E. Joseph Lowe

1.3 STREET ADDRESS

901 N. Miami Ave

1.4 CITY-ST-ZIP

Miami, FL 33136

2.1 TITLE

Vice president

☐ Change

☒ Addition

2.2 NAME

Janette Lowe Chung

2.3 STREET ADDRESS

901 N. Miami Ave

2.4 CITY-ST-ZIP

Miami, FL 33136

3.1 TITLE

Secretary

☐ Change

☒ Addition

3.2 NAME

E. Joseph Lowe

3.3 STREET ADDRESS

901 N. Miami Ave.

3.4 CITY-ST-ZIP

Miami, FL 33136

4.1 TITLE

Treasurer

☐ Change

☒ Addition

4.2 NAME

E. Joseph Lowe

4.3 STREET ADDRESS

901 N. Miami Ave

4.4 CITY-ST-ZIP

Miami, FL 33136

5.1 TITLE

700002040457 ☐ Change ☐ Addition

5.2 NAME

-12/30/96--01008--010

5.3 STREET ADDRESS

*****61.25 *****61.25

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-96 (305) 358-5043
Date Daytime Phone #

CR2E034 (3/96)