

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 27 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090844 (9)**

1. Corporation Name
JAN USA, INC.

Principal Place of Business Mailing Address
**465 GREYNOLDS CIRCLE P.O. BOX 8147
LANTANA FL 33462 LANTANA FL 33465-8147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/15/1994

4. FEI Number Applied For
75-0542237 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

7. This corporation has liability for interjurisdictional tax under § 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26
Suite, Apt #, etc Suite, Apt #, etc

22 27
City & State City & State

23 28
City City

24 25 29 30
County County County

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Christian N. Scholin**
82 Street Address (P.O. Box Number is Not Acceptable)
224 DAYURA STREET, SUITE 100
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

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: **4/20/95**
Signature, typed or printed name of registered agent and title of applicant (NOT: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | P |
| NAME | NIEMINEN, JORMA A |
| STREET ADDRESS | 465 GREYNOLDS CIRCLE |
| CITY - ST - ZIP | LANTANA FL 33462 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(1)(b), 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 on an appointment with an address.

SIGNATURE: **Jorma Nieminen, president 4/18/1995 588-9770**
Signature and typed or printed name of signing officer or director (Date) (Telephone)