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

FILED Jan 23 1998 8:00am Secretary of State

DOCUI 1. Corporatio JENEX	MENT # P9500 , INC.	00046391 (5)		
Principal Place of Business Mailing Address				
2517 NE 18 ST 2517 NE 18 ST				
FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33301			305	
}				DO NOT WRITE IN THIS SPACE
ļ				3. Date Incorporated or Qualified 06/09/1995
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21		26		65-0592947 Not Applicat
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	VIER, JERONIMO JR. 17 NE 18 ST		OT TABLE	
	LAUDERDALE FL 33305		82 Street Add	ress (P.O. Box Number is Not Acceptable)
F 1	PI LAUDENDALE PL 33305			
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	DELETE	1,1 TITLE	Change Additi
NAME	XAVIER, JERONIMO		1.2 NAME	
STREET ADDRESS	2517 NE 18 ST		1,3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33305		1,4 CITY-ST-ZIP	
TITLE	VPT LOUN	☐ DELETE	2.1 TITLE	Change Additi
NAME	JENSEN, JOHN 2517 NE 18 ST		2.2 NAME	<u>.</u>
STREET ADDRESS	FT LAUDERDALE FL 33305		2,3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TT EAGDERDALE TE 30000	T DELETE	2, 4 CITY-ST-ZIP 3.1 TITLE	Change Addit
NAME		La come in	3.2 NAME	Change Hadia
STREET ADDRESS			3.3 STREET ADDRESS	
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NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		T pareve	4.4 CITY-ST-ZIP	There I August
TITLE		DELETE	5.1 TITLE	Change Additi
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE _		☐ DELETE	6.1 TITLE	☐ Change ☐ Addit
NAME ,			6.2 NAME	• •
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
14. I hereby of indicated officer or	certify that the information supplied on this annual report or supplement director of the corporation or the re	with this filing does not qualify to the annual report is true and acceiver or trustee empowered to	for the exemption stated in curate and that my signatu execute this report as real	Section 119.07(3)(i), Florida Statutes. I further certify that the information fire shall have the same legal effect as if made under oath; that I am an ulred by Chapter 607, Florida Statutes; and that my name appears in