FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000058034 (6)

1. Corporation Name
JENN'OS CORPORATION

Principal Place of Business
6993 NW 82 AVE BAY #20
MIAMI FL 33166

Mailing Address
6993 NW 82 AVE BAY #20
MIAMI FL 33166

3. Date Incorporated or Qualified: 07/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 4761 N.W. 97 PL.
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL.
Zip
24 33178
Country
25 DADE

2a. Mailing Address
26 4761 N.W. 97 PL.
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL.
Zip
29 33178
Country
30 DADE

4. FEI Number: 65-0597243 ☐ Applied For ☐ Not Applicable

5. 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

ANTONINI, OSCAR
6993 NW 82 AVE BAY #20
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4761 N.W. 97 PL.
83
84 City MIAMI FL. 33178 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 s. 607.0505, Florida Statutes.

SIGNATURE [signature] VOID
Signature of new registered agent and the applicant — Registered Agent signature required when reinstating
[signature] VOID
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ANTONINI, OSCAR	
STREET ADDRESS	6993 NW 82 AVE BAY #20	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D + PRES.	☒ Change ☐ Addition
1.2 NAME	ANTONINI, OSCAR	
1.3 STREET ADDRESS	4761 N.W. 97 PL.	
1.4 CITY-ST-ZIP	MIAMI FL. 33178	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: [signature] OSCAR ANTONINI PRES. 4/9/96 305-599-2354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #