

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam,</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000058488 (4)**

1. Corporation Name  
**JANI SERVICES, INC.**



Principal Place of Business <b>7652 W. 15TH AVE. HIALEAH FL 33014</b>	Mailing Address <b>7652 W. 15TH AVE. HIALEAH FL 33014-3306</b>
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3. Date Incorporated or Qualified <b>07/28/1995</b>	3a. Date of Last Report <b>07/18/1996</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 831173 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number <b>65-0800326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MENDOZA, JOE  
1530 S.W. 137TH PL.  
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name <b>Joe Mendoza</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12517 S.W. 73 TERR</b>
83
84 City <b>Miami</b>
85 State <b>FL</b>
86 Zip Code <b>33183</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>12517 SW. 73 TERR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MENDOZA, JOE</b>		1.2 NAME <b>Miami FL 33183</b>	
STREET ADDRESS <b>1530 S.W. 137TH PL.</b>		1.3 STREET ADDRESS <b>Miami FL 33183</b>	
CITY-STATE-ZIP <b>MIAMI FL 33184</b>		1.4 CITY-STATE-ZIP <b>Miami FL 33183</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>12512 S.W. 73 TERR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MESA, ALBERTO B</b>		2.2 NAME <b>Miami FL 33183</b>	
STREET ADDRESS <b>7652 W. 15TH AVE.</b>		2.3 STREET ADDRESS <b>Miami FL 33183</b>	
CITY-STATE-ZIP <b>HIALEAH FL 33014</b>		2.4 CITY-STATE-ZIP <b>Miami FL 33183</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/97** **595-455X**  
Date Daytime Phone #

0121029

CR2E034 (9/96)