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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation	MENT # P950 ()0088089 (4)			
	JREN, INC.				
Principal Place of Business Mairing Address				I TOOLIOON WE TRIEF ONLY ONLY DAVIN DA	AL MAINS MARAY IMIAN LAYSL MAINI 1801A 1801 1805
9755 SNAPPER CREEK DR. MIAMI FL 33173		9755 SNAPPER CREEK MIAMI FL 33173	DR.		
				3. Date incorporated or Qualified 11/14/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0625448	Applied For
. Suite, Apt. #, etc.			Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22		27	27		Fee Required
City & State		City & State	City & State		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	Trust Fund Contribution 8. This corporation has liability for Florida Statutes Yes	
	9. Name and Address of Curre		30	10. Name and Address of New	
HELLER AND RADNETT CORPORATE SERVICES				HELLER & BARNETT CORPORATE SERVICE	
				et Address (P.O. Box Number is Not Acceptable)	
SUITE 202				111 1/ 1/11/12	CITY DOLLE
PLANTATION FL 33324			/2	14 N. UNIVERS	
			84 City PL	INTATION,	FL 85 Zip Code 333322.
or registere	o the provisions of Sections 607.050 ed ag∋nt, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authorized	s the above-gamed coroor	ation submits this statement for the pu d of directors. I hereby accept the app	races of changing its registered office
SIGNATURE.				,	
12.	Signatule, typod or printed name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS		E Registered Agent signature required 13.	· ····	DATE FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	ADDITIONS OF PAROLE TO OFF	Change Addition
NAME	KAMIJO, TAKATOSHI	 -	1.2 NAME		المدادي المدادي
STREET AUDRESS	9755 SNAPPER CREEK DR.		1.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI FL 33173		1.4 CITY - ST - ZIP		•
TITLE		☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITUE		□ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	6QQQQ179	35926
CITY-ST-ZIP			3.4 CITY-ŞI-ZIP	-04/25/96011	12017
TITLE		DELETE	4. 1 TITLE		_ Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CHTY-ST-ZIP THLE		☐ DELETE	4.4 CITY - ST - ZIP		Chapra C Addition
NAME			5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		.
CITY-ST-ZIP			5.3 STREET ADDRESS 5 4 CITY-ST-ZIP		2 010 l
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		dispersion
STREET ADORESS			6.3 STREET ADDRESS	l	
CITY-ST-ZIP			6.4 CHTY- ST-ZIP		۱ ال

4. If 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date:

D

270--2488 Daytime Phone •