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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000076006 (1)

FILED May 01 1997 8:00am Secretary of State

JENNA TRADING CORP. Principal Place of Business Mailing Address 17084 W. DIXIE HWY. N. MIAMI BEACH FL 33160 Miami BEACH FL 33160											
						3. Date incorporated of 09/12/1996	r Qualified	3a. Da	ite of Last R	eport	
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number			TA _I	oplied For	
21		26				65-06	<u>47/3</u>			ot Applicable	
Suite, Apr 22	. #. @[C.	Suite, Apt. #, etc.				5. Certificate of Status	Desired			Additional equired	
City & Sta	te	City & State				6. Election Campaign	Financing	· · · · · · · · · · · · · · · · · · ·		May Be	
23		28				Trust Fund Contribu	-			to Fees	
Zip	Country	Zip		untry	,	8. This corporation has		intangible Yes 💃		199.032,	
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	Τ		Florida Statutes 10. Name and Addres					
ALMAN, MARTIN H					Name			 	. 	a-a	
17064 W. DIXIE HWY.				82	Street A	ddress (P.O. Box Number is N	ess (P.O. Box Number is Not Acceptable)				
N.	MIAMI BEACH FL 33160						·				
				83	ĺ						
				84	City			El	85 Zip	Code	
office or agent 1. SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli						ient for the p		changing ii ointment as	registered	
12.	Signature, typed or printed name of pagetimed a OFFICERS A	agont and title if applicable (f	NOTE Register		ent signature re	quired when reinstating) ADDITIONS/CHANG	S TO OFFI	DATE CERS AND	DIRECTOR	3S IN 12	
TOLE	PS	DELETE		ITLE					Change	Addition	
NAME	GOLDMAN, JEROME		1.21	IAME	1						
STREET ADDRESS			1.3 9	STREFT	ADDRESS						
CITY - ST - ZIP	N. MIAMI BEACH FL 33180	DELETE			ST-ZIP		······································		Change	Addition	
TOLE NAME	GALLIN, PHYLLIS	ר"ו מנינונ	2.17	iame	1				CHOUSE	L MOUNDIN	
STREET ADDRESS	AARAA IAL BUUM LUIAN				ADDRESS						
City - St - Ziff	N. MIAMI BEACH FL 33180				ST-ZIP						
Tifte		☐ DELETE	3.11	ITLE					Change	Addition	
NAME				IAME	į						
SORULT ADDRESS					ADDRESS						
CHY-S1-ZIP TITLE		DELETE		CITY~: DTLE	ST-ZIP				Change	Addition	
MAM				NAME					CA ************************************		
STREET ADDRESS					ADDRESS						
011 Y - \$1 - 20F			4.41	OTY-S	ST-ZIP						
TitlE	170,170	☐ DELETE	5.1	ITLE					Change	Addition	
NAME				NAME							
STREET ADDRESS					ADDRESS						
C-TY - ST - ZIP		DELETE			ST - ZiP				Change	Addition	
YHUE NISMAC		LJ offere		fitle Name	1				опапус	L AUGITON	
NAME STREET AUDRESS					ADDRESS						
CHY-ST ZiP			1		ST-ZIP	•					
	I and the store of the man	lied with this filing does not a				ited in Section 119.07(3)(i), F	orida Statut	es I furthe	r certify that	the	

The increase certain that minimation supplied with his him goos for quality or the exemption stated in section 118.07(3)(), Florida statutes. Firther 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 Lam 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 33 if changed, or on an attachment with an address.