Applied For

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103457 (3) 1. Corporation Name JANVION FINANCIAL SERVICES, INC.

2a. Mailing Address

Principal Place of Business 18459 PINES BOULEVARD PEMBROKE PINES FL 33028

2. Principal Place of Business

SIGNATURE:

21

Mailing Address 18459 PINES BOULEVARD PEMBROKE PINES FL 33028 FILED

98 OCT 23 PM 12: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

21		26				65-0752805 Not Applicable	$\overline{}$	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. —	5. Certificate of Status Desired \$8.75 Additional	7	
22	27					5. Certificate of Status Desired Fee Required	╝	
City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23 28						Trust Fund Contribution Added to Fees	_	
Zīp	Country	Zip	Cour	ıtry		8. This corporation owes or has paid the current year Intangible	ĺ	
24 25 29 30								
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			4	
JANVION, JOSE SR				Treamo				
491 NW 162 AVENUE PEMBROKE PINES FL 33028				82	Street Address (P.O. Box Number is Not Acceptable)			
				83			H	
				53		10, 50, 04 0		
				84 City ****750.00 88**286650.00			٦	
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 famillar with, and accept the obligations of, section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7 5	
TITLE	PD	PD DELETE 1			5	SECTETARY MREQUILY Change Addition	۱ [
NAME	JANVION, JOSE			1.2 NAME		SECTETARY TREASURY LI Change Li Addition		
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NAME				6,2 NAME				
STREET ADDRESS	1			6.3 STREET ADDRESS				
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14. I hereby certify that the information supplied with this fitting 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 of supplemental annual report is triple 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 emprowered 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.								