

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90003 026 ***150.00

DOCUMENT # P97000060621

1. Corporation Name
JNA HOLDINGS, INC.

Principal Place of Business
11030 MARIN ST
SUITE 1135
CORAL GABLES FL 33156
US

Mailing Address
11030 MARIN ST
CORAL GABLES FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1997

4. FEI Number
65-0769023

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1110 Brickell Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 % Bcom 1110 Brickell Ave
Suite, Apt. #, etc.

22 SUITE 303

27 SUITE 303

23 MIAMI, FL

28 MIAMI, FL

24 33131

25 MIAMI-DADE

29 33131

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

PALACHI, ASLAN
11030 MARIN ST
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent

81 Name PALACHI, ASLAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 % Bcom 1110 BRICKELL AVE
SUITE 303
84 City MIAMI FL 85 Zip Code 33131

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 *ASLAN PALACHI* ASLAN PALACHI, President

1-10-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PALACHI, ASLAN
STREET ADDRESS 999 PONCE DE LEON BLVD SUITE 1135
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D
NAME PALACHI, JEFF
STREET ADDRESS 999 PONCE DE LEON BLVD SUITE 1135
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME PALACHI, ASLAN
1.3 STREET ADDRESS % Bcom 1110 BRICKELL AVE, SUITE 303
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE VP
2.2 NAME PALACHI, JEFF
2.3 STREET ADDRESS % Bcom 1110 BRICKELL AVE, SUITE 303
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *ASLAN PALACHI* ASLAN PALACHI

1-10-99 305 375-0090 X123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)