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

DOCUMENT

Principal Place of Business	Mailing Address				
12147 SW 131ST AVE.	12147 SW 131ST AVE.				
MIAMI FL 33186	MIAMI FL 33186				

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90015 050 ***150.00

1. Corporation	JNA GROUP COMPANY	J23411								
Principal Place of Business Mailing Address								(/821 //81 /881		
12147 SW 131ST AVE. 12147 SW 131ST AVE.		12147 SW 131ST AVE.								
MIAMI FL 33186 MIAMI FL 33186					ĺ	DO NOT WRITE IN THIS SPACE				
					-	3. Date Incorporated or Qualifed	0 01 AOL		i	
						03/11/1998			l	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For		
21		26				65-0816695	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	· \$8.75 A		(
22		27				5. Octalizate of otalica besides	Fee Re			
City & State	e	City & State			ì	6. Election Campaign Financing	\$5.00		i	
23		28	0			Trust Fund Contribution	Added t	o Fees		
Zip	Country 25	Zip 30	Country	,		 This corporation owes the current year In Personal Property Tax. 	rtangible Yes	∐No		
24	9. Name and Address of Current		<u> </u>		 1	Name and Address of New Registerer				
	3, Hame and Heatest at Carrent		81	Name	·				ı	
RAS	SNER, WAYNE H ESQ.		82	Ctroot 6	Addross	(P.O. Box Number is Not Acceptable)			}	
7700 N. KENDALL DR., SUITE 510			62	Sueer	Addiess	(P.O. BOX Number is Not Acceptable)				
MIAN	AI FL 33156		83					_	1	
			84	City			85 Zip (Code	ĺ	
				1		F	L		1	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized by	the corpo	corporat oration's	ion submits this statement for the purpose of board of directors. I hereby accept the app	of changing its pintment as re-	registered gistered		
SIGNATURE							<u> </u>			
	Signature, typed or printed name of registered agent			nt signature re	required whe	an reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12	á	
TITLE	OFFICERS AND	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICE ROA	Change	Addition	7	
NAME	BRUNA, ANTONIO E IV		1.2 NAME						5	
STREET ADDRESS	444.5 0141.44407 11.5		1.3 STREE	T ADDRESS				!	֝֞֝֞֜֝֓֞֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֓֓֡֓֡֝֓֓֡֝֓֡֝֡֝֡֓֡֝	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-5						֓֞֞֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֟֝֓֓֓֓֓֓֓֓֡֓֡֓֓֡֓֡֡֝֡֓֡֓֡֓֡֡֡֝	
TITLE	VO	☐ DELETE	2.1 TITLE		 -		Change	☐ Addition	7	
NAME	BRUNA, MIGUEL A		2.2 NAME	2 NAME						
STREET ADDRESS	46447 6W 46467 BUE		2.3 STREE	TADDRESS	ļ					
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-	CITY-ST-ZIP						
TITLE	STD	☐ DELETE	3.1 TITLE		S	DVT	Change	Addition		
NAME	Bruna, Juan e		3.2 NAME							
STREET ADDRESS	is 12147 SW 131ST AVE.		3.3 STREE	3.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33186 34		3.4, CITY-	ST-ZIP	1			4.336	-	
TITLE	BRUNA ANTONIO M.	VD). DELETE	4.1 TITLE	ļ	AD	A A STOLLYON M	Change	Addition	١	
NAME	12,147 S.W 131STAVE		4.2 NAME B		Bim	UA ANTOLIO M. LUZ S.W. 131 ST AVE				
STREET ADDRESS	TREET ADDRESS MIANT, PL 33186.		4.3 STREET ADDRESS		121	AMI, PL 33186			į	
CITY- ST-ZIP	<u></u>			4.4 CITY-ST-ZIP		MOIT , 4C 33188	Change	Addition	1	
TITLE		☐ DELÊTE	5.1 TITLE 5.2 NAME	ì]	
NAME	50			5.3 STREET ADDRESS		·			-	
STREET ADDRESS			l	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE		5.4(☐ Change	☐ Addition		
		_	6.2 NAME				_ •	_	١	
NAME STREET ADDRESS	1			TADDRESS						
CITY_ST_7IP			6.4 CITY-5	-						

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: X

OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 02/02/99