

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*

LATINOCARE MANAGEMENT CORP.

(Last) (First) (Middle)

4150 LONG BEACH BOULEVARD

(Street)

LONG BEACH CALIFORNIA 90807

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

OCTOBER 22, 2001

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

N/A

4. Issuer Name and Ticker or Trading Symbol

JNS MARKETING, INC. - JNMI

5. Relationship of Reporting Person to Issuer
(Check all applicable)

Director 10% Owner

Officer (give title below) Other (specify below)

6. If Amendment, Date of Original (Month/Day/Year)

N/A

7. Individual or Joint/Group Filing (Check applicable line)

Form Filed by One Reporting Person

Form Filed by More than One Reporting Person

=====
Table I -- Non-Derivative Securities Beneficially Owned
=====

<TABLE>
<CAPTION>

1. Title of Security Beneficial Ownership (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect (Instr. 4)
<S>	<C>	<C>	<C>
COMMON	3,270,000	D	N/A

</TABLE>

* If the Form is filed by more than one Reporting Person, see Instruction 5(b)(v).

owned directly or indirectly.

(Print of Type Responses)

(Over)

FORM 3 (continued)

Table II -- Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

6. Nature of Derivative	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Security: Direct (D) or Indirect (I) (Instr. 5)
	Date	Expiration Date	Title	Amount		
<S>	<C>	<C>	<C>	<C>	<C>	<C>
<C>						
NONE	-	-	N/A	NONE	N/A	N/A
N/A						

</TABLE>
Explanation of Responses:

/s/Jose J. Gonzalez

October 25, 2001

**Signature of Reporting Person
President of Latinocare Management Corp.

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed.
If space provided is insufficient, see Instruction 6 for procedure.

(Print of Type Responses)

Page 2