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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K79040

(0)

FILED Apr 06 1998 8:00am Secretary of State

1. Corporation	ENTERPRISES, INC.	0 (9)				
Principal Place	e of Business	Mailing Address			MARI AIAIN BEBIL AIBII A	831 81011 B1811 8001
1441 BRICKELL AVENUE - #A 1441 BRICKELL AVENUI MIAMI FL 33131 MIAMI FL 33131			- #A			
(M) (M) (E 22)	•	(MICHAEL 1 & 4414)		DO NOT WR	ITE IN THIS SPACE	
				3. Date Incorporated or Qualifie 04/10/1989	d	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 444	Brickell Ave.	26 444 Brick	ell Ave.	65-0109884		Not Applicable
Suite, Apt. #, etc. 22 P-24		Suite, Apt. #, etc. P-24		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State Miam	i, FL	City & State Miami, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
-	Country	Zip. 24 24	Country	8. This corporation owes or has		
24 ZIP 331	25		30	Personal Property Tax due Ju	ine 30. 🔲 Yes	×Νο
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
144	GGIO, JOSE A.M. II BRICKELL AVE. SUITE A IMI FL 33131		82 Street 4 4 4	Baggio, JOse A.M. Address (P.O. Box Number is Not Accep 4 Brickell Ave., S		
				iami	FL 85	Zip Code 33131
11. Pursuant to office or reagent. I as	to the provisions of Sections 607/050 egistered agent, or both, in the State of familiar with, and agents the oblig	02 and 607.1508, Florida Statut e of Florida, Such change was pations of Section 607:0505, Fl		corporation submits this statement for the oration's board of directors. I hereby ac	e purpose of chan cept the appointment	ging its registered ant as registered
	Sell I Knowl	V - MESINENT	tes, the above-named authorized by the corporida Statutes.	corporation submits this statement for the oration's board of directors, I hereby act	e purpose of chan cept the appointments	ging its registered ent as registered
SIGNATURE	Sloneture, typed or suffice name of represented ag	y - MESINENT pent and little if applicable (NOT		SAGE 10 required when reinstating)	3/31/98 DATE	
SIGNATURE	Sloneture, typed or suffice name of represented ag	PO DIRECTORS	tes, the above-named authorized by the corporida Statutes. JULE A.M. 15: Ropistered Agent signature 13.	DAGE 10 required when reinstaing) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE	Storphire, typod or reflect name of registred ag OFFICERS AN	y - MESINENT pent and little if applicable (NOT	tes, the above-named authorized by the corporida Statutes. JULE A.M. 15: Registered Agent signature 13. 11 TITLE	BAGE 10 required when reinstating) ADDITIONS/CHANGES TO OF P	DATE FICERS AND DIRE	CTORS IN 12
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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 of the receiver or justee 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.