

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

195 MAY - 1 14 8:55

**DOCUMENT # M25987 (2)**

1. Corporation Name  
**MODAVI ENTERPRISES INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8201 NW 66TH ST SUITE 6 MIAMI FL 33166 US**  
**P.O. BOX 520661 MIAMI FL 33152-0661**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/16/1986</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>65-0307955</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for excise tax under § 190.020, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt #, etc			26	Suite, Apt #, etc		
22	City & State			27	City & State		
23	Zip	County	24	Zip	County	25	26
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PRIETO, VIVIAN CASA 722 TAMiami CANAL ROAD MIAMI FL 33166</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVS PRIETO, VIVIAN CASA 722 TAMiami CANAL ROAD MIAMI FL</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	<b>TD PRIETO, VIVIAN CASA 722 TAMiami CANAL ROAD MIAMI FL</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Vivian Casa Prieto* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 471-0749