

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M30418** (1)

1. Corporation Name
ENI (MIAMI) CORPORATION



Principal Place of Business: **550 BRICKELL AVE. STE 502 MIAMI FL 33131 US**
Mailing Address: **550 BRICKELL AVE. STE 502 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **04/14/1986**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-2745583**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **1501 Venera Avenue**
22. **210**
23. **Coral Gables**
24. **33146** **Dade**
2a. Mailing Address
26. **1501 Venera Avenue**
27. **210**
28. **Coral Gables**
29. **33146** **Dade**

9. Name and Address of Current Registered Agent: **FREEMAN, STEPHEN A. 520 BRICKELL KEY DR. OFFICE PLAZA SUITE 305 MIAMI FL 33131**
10. Name and Address of New Registered Agent: **FL** **85** Zip Code

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: _____ (NOTE: Register of Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPADAM, ANDRE	1.2 NAME	
STREET ADDRESS	550 BRICKELL AVE STE 502	1.3 STREET ADDRESS	1501 Venera Ave., Ste. 210
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Coral Gables, FL 33146
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPADAM, ENI	2.2 NAME	
STREET ADDRESS	550 BRICKELL AVE STE 502	2.3 STREET ADDRESS	1501 Venera Ave., Ste. 210
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Coral Gables, FL 33146
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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.

SIGNATURE: **V.P.** **1-30-96** **305 646 7752**
Date: _____ Daytime Phone # _____

CR2E034 (12/95)