

FILE NOW: FILING FEE AFTER MAY-1ST IS \$550.00

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90231 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M39006

1. Corporation Name
 2990 ENTERPRISES INC.



Principal Place of Business
 1878 W. 60 STREET
 HIALEAH FL 33012-5451

Mailing Address
 1878 W. 60 STREET
 HIALEAH FL 33012-5451

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/25/1986

2. Principal Place of Business
 21 1874 W. 60th st
 Suite, Apt. #, etc.

2a. Mailing Address
 26 1874 W. 60th st.
 Suite, Apt. #, etc.

4. FEI Number
 59-2736073

Applied For
 Not Applicable

22
 City & State
 23 Hialeah, fl.

27
 City & State
 28 Hialeah, fl.

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 33012 Country
 25
 29 Zip 33012 Country
 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33012 Country
 25
 29 Zip 33012 Country
 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 SANCHEZ, CARLOS
 1878 W. 60 STREET
 HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CARLOS	1.2 NAME	
STREET ADDRESS	1878 WEST 60TH ST	1.3 STREET ADDRESS	1874 W. 60th st.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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: Carlos Sanchez DATE: 4-15-99 DAYTIME PHONE: 305-822-9464

CR2E034 (1/198)