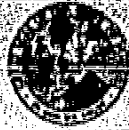


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2:18

DOCUMENT # P92000007532 (4)

1. Corporation Name
NARWHAL ENTERPRISES, INC.

Principal Place of Business Mailing Address
**932 15TH STREET #4
MIAMI BEACH FL 33139** **932 15TH STREET #4
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/24/1992 **01/25/1994**

4. FEI Number Applied For
65-0373024 Not Applicable

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 2a. Mailing Address
21 **1331 WASHINGTON AVE** 26 **1331 WASHINGTON AVE**
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.
23 **MIAMI BEACH, FL** 28 **MIAMI BEACH, FL**
24 **33139** 25 **USA** 29 **33139** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
**TORRES, G. S.
932 15TH STREET #4
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TORRES, G S
STREET ADDRESS	932 15TH STREET #4
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	TOUTANT, JULIE M
STREET ADDRESS	932 15TH STREET #4
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TORRES, G S	
1.3 STREET ADDRESS	932 15TH ST #4	
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOUTANT JULIE M	
2.3 STREET ADDRESS	932 15TH STREET #4	
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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: *Sandra B. Mornare* DATE: *1/25/95* (305) 673-5418