

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90126 012 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P92000007532

1. Corporation Name  
NARWHAL ENTERPRISES, INC.



Principal Place of Business  
1331 WASHINGTON AVE  
MIAMI BEACH FL 33139  
US

Mailing Address  
1331 WASHINGTON AVE  
33139 BEACH FL 33139  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/24/1992

4. FEI Number  
65-0373024

5. Certificate of Status Desired  Applied For  
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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
Country  
30

980 NW 123 Court  
MIAMI, FL  
33182 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

81 Name  
G. S. Torres

82 Street Address (P.O. Box Number is Not Acceptable)  
1331 15th St.

83

84 City  
MIAMI BEACH FL 85 Zip Code  
33139

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 *G. S. Torres* G. S. Torres, President 1/5/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	TORRES, G S	
STREET ADDRESS	932 15TH STREET #4	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	G. S. Torres	
1.3 STREET ADDRESS	1331 Washington Ave	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: *G. S. Torres* 1/5/99 (305) 532-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (1/98)