

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000010949 (5)
1. Corporation Name
ENB SUB CORPORATION



Principal Place of Business: 1550 BISCAYNE BLVD MIAMI FL 33132
Mailing Address: 1550 BISCAYNE BLVD MIAMI FL 33132-1420

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0391689
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: 701 Brickell Avenue, Suite # 1250, Miami, Florida 33131
2a. Mailing Address: 701 Brickell Avenue, Suite # 1250, Miami, Florida 33131

9. Name and Address of Current Registered Agent: CROFT, VICKI, 1550 BISCAYNE BLVD, MIAMI FL 33132
10. Name and Address of New Registered Agent: 81 Name: Emilia Jarquin, 82 Street Address: 701 Brickell Avenue, Suite # 1250, 83 City: Miami, FL 85 Zip Code: 33131

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. *Emilia Jarquin* Emilia Jarquin April 11, 1997

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CROFT, VICKI	
STREET ADDRESS	1550 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL 33132	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	JUSTO, MARIA L	
STREET ADDRESS	1550 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL 33132	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, JESUS	
STREET ADDRESS	1550 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	CABRERA-TEKSE, ADA	
STREET ADDRESS	1550 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL 33132	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	701 Brickell Avenue, Suite 1250
2.4 CITY - ST - ZIP	Miami, Florida 33131
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	701 Brickell Avenue, Suite 1250
3.4 CITY - ST - ZIP	Miami, Florida 33131
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	701 Brickell Avenue, Suite 1250
4.4 CITY - ST - ZIP	Miami, Florida 33131
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 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.

SIGNATURE: *Maria Justo* Maria Justo 4-11-97 (305) 358-5300

CR2E034 (9/96)