

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000028916 (3)

1. Corporation Name

MODERN TECHNOLOGIES ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2510 S.W. 99TH AVE.
MIAMI FL 33165

2510 S.W. 99TH AVE.
MIAMI FL 33165

3. Date Incorporated or Qualified
04/20/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2510 S.W. 99 Avenue

26 (same)

4. FEI Number

65-0530052

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
33165-2633

25 Country
DADE

29 Zip

30 Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSIO, EMILIO A
2510 SW 99TH AVE.
MIAM. FL 33165**

81 Name

N/A

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

Emilio A. Cosio

04-15-96

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	PSTD	<input type="checkbox"/> DELETE
NAME	COSIO, EMILIO A	
STREET ADDRESS	2510 SW 99TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	COSIO, INES H	
STREET ADDRESS	2510 SW 99TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSIO, ISABEL C	
STREET ADDRESS	2510 SW 99TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSIO, LOURDES H	
STREET ADDRESS	2510 SW 99TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
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	N/A
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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

Emilio A. Cosio

EMILIO A. COSIO, Pres.

04-15-96

(305) 552-8736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)