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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000033241 (9)

A.S.E. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Feb 07 1997 8:00am Secretary of State



452 N.E. 210TH CIRCLE TERR., #101 MIAMI FL 33179		452 N.E. 210TH CIRCLE 1 MIAMI FL 33179-1814	452 N.E. 210TH CIRCLE TERR., #101 MIAMI FL 33179-1814					
					3. Date Incorporated or Qualified 05/07/1993			
 1	ace of Business	2a. Mailing Address	((-		4. FEI Number		Ap	optied For
	15 mottets		otter 5	77	65-05 13523		-	t Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 / Fee Re	Additional equired
City & State 23	follywood, FI	City & State	- 1 score	- 1	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
^{Zip} 330		29 33020	Country 30			Yes 🗌 No	0	199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re-	listered Ager	ıt	
	ON, ALAN S		81 Name		ALDN , AlAN	<		
	N.E. 210TH CIRCLE TERR., # 10 MI FL 33179	01	82 Stree 83 84 City		s (P.O. Box Number is Not Acceptab		₹< @	
	<i>)</i>		City	Hall	www.co.d	FL **		<i>⇔</i> ⇔ ⇔
11. Pursuant t	to the provisions of Sections 607 050	02 and 607.1508. Florida Statu	tes, the above-name	ed corpor	ation submits this statement for the p		nging it	s registered
office or re agent. Lar	egistered agent, or both, in the State m familial with, and safept the oblig	e of Horida. Such change was applies of, Section 607.0505, Fi	authorized by the co lorida Statutes.	orporation	ation submits this statement for the p o's board of directors. I hereby accep	t the appointn	nent as	registered
SIGNATURE	Man D					1/2	o Þ	ク
	Egylative, typed or peroud name or registered ag	ent and title a applicable. (NO	TE: Registered Agent signatu	ure required	when reinstating)	DATE	/ ·	.f
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12
THEF	DPST	☐ DELETE	1.4 TITLE				Change	Addition
NAME	EASON, ALAN S		1.2 NAME					
STREET AUDRESS	452 NE 210 CIRCLE TERR #1	101	1.3 STREET ADDRESS	s				
CITY - ST - 7FF	MIAMI FL		1.4 CITY-ST-ZIP					
TOTLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS	s				
CITY - ST - ZIP			2 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	s				
CITY - ST - ZIP			34 CITY-ST-ZIP					
THEF		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	s				*
CHY-\$1-ZH			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5 1 TITLE		***************************************		Change	☐ Addition
NAME			5.2 NAME					
STREET ACRORESS			5 3 STREET ADDRESS	s				
CITY ST ZIP			5.4 CITY - ST - ZIP					
1ffLF		DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET AUDRESS			6 3 STREET ADDRESS	s				
DITY-SF-7/2			6.4 CITY-ST-ZIP					
14. I do hereb	by certify that the information supplied indicated on this arisant report of	d with this filing does not qual	ify for the exemption	stated in	Section 119.07(3)(i), Florida Statutes	I further cert	ity 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 charges, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

(954) 920 3111