

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90196 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P94000062079**

1. Corporation Name
ENVIJA, INC.

Principal Place of Business
**14020 SW 36TH ST.
 MIAMI FL 33175**

Mailing Address
**10920 SW 115 ST
 MIAMI FL 33176
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/23/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0516268

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 25

29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERRAN, VIVIAN
 10920 SW 115 ST
 MIAMI FL 33176**

81 Name
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	HERRAN, EZEQUIEL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14020 SW 36TH ST.	14020 SW 36TH ST.		
MIAMI FL 33175	MIAMI FL 33175		
DS	HERRAN, NANCY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14020 SW 36TH ST.	14020 SW 36TH ST.		
MIAMI FL 33175	MIAMI FL 33175		
DV	HERRAN, VIVIAN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14020 SW 36TH ST.	14020 SW 36TH ST.		
MIAMI FL 33175	MIAMI FL 33175		
DT	HERRAN, JAVIER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14020 SW 36TH ST.	14020 SW 36TH ST.		
MIAMI FL 33175	MIAMI FL 33175		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
 Date: **2/11/99** Daytime Phone #: **305/971-8199**

CR2E034 (1/1/98)