

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000078331 (1)
 1. Corporation Name
SHERIDAN ENTERPRISES, INC.



Principal Place of Business 782 NW LEJEUNE RD., STE. 548 MIAMI FL 33126	Mailing Address 782 NW LEJEUNE RD., STE. 548 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1996	
21 9688 SW 24 Street	26 9688 SW 24th Street	4. FEI Number 65-0696159		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Miami Florida	28 Miami Florida	7. City & State		9. Name and Address of Current Registered Agent	
24 33165	25 USA	29 33165	30 USA	10. Name and Address of New Registered Agent	

MARQUEZ, JOSE M 782 NW LEJEUNE RD., STE. 548 MIAMI FL 33126		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, MANUEL A	1.2 NAME	Same
STREET ADDRESS	782 NW LEJEUNE RD., STE. 548	1.3 STREET ADDRESS	8460 SW 5th Street
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, Florida
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director/Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GUERRA, Armando J.
STREET ADDRESS		2.3 STREET ADDRESS	9475 Journey's End Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables, Florida
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HERRAN, Jose Antonio
STREET ADDRESS		3.3 STREET ADDRESS	8455 Grand Canal Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VALDES, Daniel Romelio
STREET ADDRESS		4.3 STREET ADDRESS	9755 SW 62 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Manuel A. Herran* **Manuel A. Herran** 1/30/98 (305) 221-8351

CFR2034 (10/97)