

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

**FILED**  
**Mar 20 1998 8:00am**  
**Secretary of State**

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1996</b>	
21 <b>9688 SW 24 Street</b>	26 <b>9688 SW 24th Street</b>	4. FEI Number <b>65-0696159</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>Miami Florida</b>	28 <b>Miami Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>33165</b>	25 <b>USA</b>	29 <b>33165</b>	30 <b>USA</b>	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	

g. Name and Address of Current Registered Agent <b>MARQUEZ, JOSE M 782 NW LEJEUNE RD., STE. 548 MIAMI FL 33126</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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