


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

FILED
Feb 04 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 # **P96000088941 (5)**

1. Corporation Name

E.N.G. EXECUTIVE GROUP, INC.

Principal Place of Business

Mailing Address

14629 SW 104TH ST. #507
MIAMI FL 33186

14629 SW 104TH ST. #507
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8207 NW 66 Street	26 8207 NW 66 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip	Zip
24 33166	29 33166
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
10/29/1996	<input type="checkbox"/> Not Applicable
4. FEI Number	
65-0703068	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

IZQUIERDO, LEONOR
14629 SW 104TH ST. #507
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	PIEL, LEONOR
82 Street Address (P.O. Box Number is Not Acceptable)	8207 NW 66 Street
83	
84 City	Miami
85 Zip Code	FL 33166

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 ☒ **LEONOR PIEL** x **1/27/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZQUIERDO, LEONOR	1.2 NAME	PIEL, LEONOR
STREET ADDRESS	14629 SW 104TH ST. #507	1.3 STREET ADDRESS	8207 NW 66 Street
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEL, RONELL	2.2 NAME	
STREET ADDRESS	14629 SW 104TH ST. #507	2.3 STREET ADDRESS	8207 NW 66 Street
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: ☒ **LEONOR PIEL** x **1/27/98** (305) 470-0077

CR2E034 (10/97)