

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

06-30-1999 90004005 ***158.75
 FILED P97000058225
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS



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

99 AUG -6 PM 3:17



PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P97000058225

1. Corporation Name
ALISSE ENTERPRISES, INC.

Principal Place of Business: **2445 SW 16 TERRACE MIAMI FL L3314-5**

Mailing Address: **2445 SW 16 TERRACE MIAMI FL L3314-5**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/03/1997

21. Principal Place of Business 5505 N.W. 7th Street Suite, Apt. #, etc. Suite-W116 City & State Miami, FL Zip 33126	22. Mailing Address 5505 N.W. 7th Street Suite, Apt. #, etc. Suite-W116 City & State Miami, FL Zip 33126
25. Country U.S.	30. Country U.S.

4. FEI Number
65-0773619

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

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

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

9. Name and Address of Current Registered Agent

ALISSE, GEORGINA J
2445 SW 16 TERRACE
MIAMI FL L3314-5

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
5505 N.W. 7th Street Suite W116
 83
 84 City
FL 85 Zip Code
33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing

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		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	5505 N.W. 7th Street Suite W116
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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)(f), 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: *Georgina Alisse* **6/25/99** **305-674-2126 x502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #

CR2E034 (11/98)

July 28th, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Ms Katherine Harris

Secretary of State

SUBJECT:ALISSE ENTERPRISES, INC.

Ref Number: P97000058225

In reference to your letter of July 1st, 1999 in which I am been notified of a late fee of \$391.25 I have a request and an explanation to make.

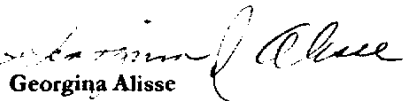
On March 4th I dislocate my left arm for which I was hospitalized, and for a period of 2 months I could not move my arm .

Due to these Health problems, I was no able to send the payment in time , which was due on May 30th, 1999.

I am attaching medical bills which explain this situation .

At this time it is impossible to pay the amount requested and I would appreciate if the Department of State weave this late fee for ALISSE ENTERPRISES, INC.

Sincerely,


Georgina Alisse
President