

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000060660 (2)
1. Corporation Name
SUPERB ENTERPRISES, INC.



Principal Place of Business: 16908 NE 19 AVE NO MIAMI BCH FL 33162
Mailing Address: 16908 NE 19 AVE NO MIAMI BCH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1997

4. FEI Number: 650767918 Applied For Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CIASCA, PATRICIA, 2415 NE 194 STREET, NO MIAMI BCH FL 33162

10. Name and Address of New Registered Agent:

81 Name	CIASCA, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable)	9946 N.W. 49 TERRACE
83	DORAL WOODS
84 City	Miami
85 Zip Code	FL 33178

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: Patricia A. Casca (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIASCA, PATRICIA	1.2 NAME	
STREET ADDRESS	9946 N.W. 49 TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	V/P/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLANTINE, MARY	2.2 NAME	
STREET ADDRESS	16908 NE 191 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BCH FL 33162	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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: Patricia A. Casca 1/13/98 505-945-8666

CR2E034 (10/97)