

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V04584** (1)

1. Corporation Name
ODESSA ENTERPRISES, INC.



Principal Place of Business: **6650 S.W. 124 STREET MIAMI FL 33156**
Mailing Address: **6650 S.W. 124 STREET MIAMI FL 33156**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **01/07/1992** 3a. Date of Last Report: **03/07/1995**
4. FEI Number: **65-0305776** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MARURI, ANGEL 6650 S.W. 124 STREET MIAMI FL 33156**
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
12.1	D MARURI, ANGEL 6650 S.W. 124 STREET MIAMI FL	<input type="checkbox"/> DELETE	
12.2		<input type="checkbox"/> DELETE	
12.3		<input type="checkbox"/> DELETE	
12.4		<input type="checkbox"/> DELETE	
12.5		<input type="checkbox"/> DELETE	
12.6		<input type="checkbox"/> DELETE	
12.7		<input type="checkbox"/> DELETE	
12.8		<input type="checkbox"/> DELETE	
12.9		<input type="checkbox"/> DELETE	
12.10		<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
13.1	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.2	1.2 NAME		
13.3	1.3 STREET ADDRESS		
13.4	1.4 CITY, ST, ZIP		
13.5	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.6	2.2 NAME		
13.7	2.3 STREET ADDRESS		
13.8	2.4 CITY, ST, ZIP		
13.9	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.10	3.2 NAME		
13.11	3.3 STREET ADDRESS		
13.12	3.4 CITY, ST, ZIP		
13.13	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.14	4.2 NAME		
13.15	4.3 STREET ADDRESS		
13.16	4.4 CITY, ST, ZIP		
13.17	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.18	5.2 NAME		
13.19	5.3 STREET ADDRESS		
13.20	5.4 CITY, ST, ZIP		
13.21	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.22	6.2 NAME		
13.23	6.3 STREET ADDRESS		
13.24	6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this report and report or supplementary annual reports 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 a partner, trustee 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 or on an addition or on an amendment with an address.

SIGNATURE: *Angel Maruri* ANGEL MARURI 2/19/96 (305) 666-4901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)