## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V06506

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90012 063 \*\*\*150.00 04-25-1999 90012 064 \*\*\*\*\*8.75

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	ENTERPRISES, INC.					
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Delocinal Div	ce of Business	Mailing Address		- I STANI OURDE CONTA BEURL OURS CORRO REU DIE	ITI ATRIL GIGIT A <u>t</u> ore A	f\$ 1 010 i 004
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3720 N ROOSI	EVELT BLVD	P O BOX 5484 Key West Fl 33045				
STE 8 Key west fl	39040	US		DO NOT WRITE IN TH	I S SPACE	
US	3000	00		3. Date incorporated or Qualifed		
				01/15/1992		1
2. Principa F	Place of Business	2a. Mailing Address		4. FEI Number	Api	pied For
	N. ROOSEVELT BLVD	26 PO BOX	5424	65-0394557	No	t Applicable
Suite, Apl.		Suite, Apt. #, etc.		77	\$8.75 A	ulditional .
22 Sur	_	27 KEY WEST	r FL	5. Certificate of Status Desired	Fee Re	quired
City & S:a		City & State	)	6. Election Campaign Financing	\$5.00	May Be
23 KEY	WEST FL	28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 330	40 25	29 33045 I	30	Personal Property Tax.	Yes	[¶No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
	7507 AM	IELIA ST	81 Name			
MAE	DEYA. VICTORIA / Kery we	SSTL FL 33040 \	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
807 PEACOCK PLAZA - Po TSOK - STAGE			) July 30 861 AC	GIOGO (7.0. DOX PADITIDAD TO TOTAL POPULATION		
KEY	WEST FL 33040\ KEY WEST,	FL	83			
		/ کسده			. 85 Zip C	- da
	1// ~ •	- C	84 City	F	85 Zip C	,,,,,
11 Pursuant	to the provisions of Scotions 607,0502	and 607,1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its	registered
office cr	registered agent, or bo h, in the State of	f Florida. Such change was A	ithorized by the corporation	poration submits this statement for the purpose tion's board of cirectors. I hereby accept the app	pointment as reg	stered
l	\	ans on, socioni donicados, rivii	NO SIBILITIES.			[
SIGNATURE	Signature, typed or printed ha ne of registered agent	and this is a reflection (NOT)	Registered Agent signature requ	red when reinstatung) DATE		.
		THE RESURPTIONS. 140.1.	Labradan when schooning rady a	teo wilet terramed)		
12.	OFFIÇERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS ANI.				Change	F:S IN 12
	D	DIRECTORS	13. 1.1 TITLE 12 NAME	ADDITICINS/CHANGES TO OFFICERS		
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TITLE NAME	D ESQUINALDO, JOYCE	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZDP	SON AMELIA ST. KEY WEST, FL 33040		☐ Addition
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1a. I release sering that the information supplied whit this fling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an officer or director of the corporation of 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 attach ment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED AN PRINTED NAME OF SIGNING OFFICE ( OR DIRECTOR

4/1/99 (305) 592-