03-06-1999 90098 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

1999	So WE INS
DOCUMENT # 1. Corporation Name	V65307
FERGO ENTERPRISE	ES CORP.
Principal Place of Business	Mailing
2535 N.W. NORTH RIVER DRIVE	9745 S

|--|

							<u> </u>			
Principal Place	e of Business	M	ailing Address				119911 9119 9119 9119 9119			
	TH RIVER DRIVE	_	45 SUNSET DRIVE							
MIAMI FL 33125	5		ITE 201 Ami FL 33173-4649				DO NOT WRI	TE IN THIS	SPACE	
		MI	HWI LE 20112-4043				3. Date Incorporated or Qualifed		<u> </u>	
							09/21/1992			\
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Apı	plied For
21		26					65-0359074		No	t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	\top	Zip	Coun	try		8. This corporation owes the cur	rent year Int		
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Current	t Regis	stered Agent				10. Name and Address of New	Registered	Agent	
					81	Name				
	IEZ, FELIPA N.			- h	82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	NW NORTH RIVER DR.									
" MIAN	MI FL 33125				83					į
				H	84	City			85 Zip C	ode
•					l	•		<u>FL</u>	.]	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	of Florid	da. Such change was au	uthorized	ו עם	tne corporatio	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing its intment as reç	registered gistered
SIGNATURE				D				DATE		
40	Signature, typed or printed name of registered agent OFFICERS ANI			13.	gen	t signature required	ADDITIONS/CHANGES TO OF	-	ND DIRECTO	RS IN 12
12.	PD	ט טווענ	□ DELETE	1,1 T/II	E		ADDITIONATION TO SECURE		Change	☐ Addition
NAME	GOMEZ, FELIPA N.			1.2 NA	ИE					
STREET ADDRESS	ACAE MAY MODELL BUIED DO			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33125			1.4 CIT						
TITLE	111111111111111111111111111111111111111		☐ DELETE	2.1 TITL					☐ Change	Addition
NAME				2 2 NA	ИE					
STREET ADDRESS				2.3 STF	REET	ADDRESS				
CITY-ST-ZIP				2. 4 CIT	Y-S	T-ZIP				
TITLE			☐ DELETE	3 1 TITI	E			-	☐ Change	☐ Addition
NAME				3.2 NA	ΜE					ļ
STREET ADDRESS				3.3 STF	REET	ADDRESS				
CITY-ST-ZIP				3.4. CIT	Y-\$1	T-ZIP				
TITLE			☐ DELETE	4.1 TITU	E				☐ Change	☐ Addition
11414F				4 2 NA	MF					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the intrimation 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 proortor 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 disposation or the receiver of 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 adjutachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADORESS

44 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

Addition