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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # H766 ENECA CORPORATION	13 (9)		A MARIPHA ANN ARAKA BAHAR DANPA ANGRA ANN BARRA	Pidit Albii biahi dibii bidii badi
Principal Place	of Business	Mailing Address			
925 NE 117TH ST. BISCAYNE PARK FL 33161		925 NE 117TH ST. BISCAYNE PARK FL 33161			
					ate of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		09/18/1985 4. FEI Number	04/17/1995
21		26		59-2581356	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country	Trade Fana Continuation	Added to Fees
24	25	29	30	8. This corporation has liability for intangible Florida Statutes Yes No	tax under s 199.032,
	9. Name and Address of Curre		1001	10. Name and Address of New Registered	d Agent
			81 Name		
SMITH, LINDA M. 11900 BISCAYNE BLVD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 2			83		
NUHIH	MIAMI FL 33181		84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607 050	22 and 607 1509 Florido Ptat to	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	FI	
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authorize	s, the above-named corporation's boar	ation submits this statement for the purpose of cird of directors. I hereby accept the appointment a	nanging its registered office as registered agent. I am
,	n, and accept the obligations of, Sec	ction 607.0505, Florida Statutes.			- 3 3 2
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO)	E: Registered Agent signature required	when roinstating). DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, MARIO S.		1.2 NAME		
STREET ADDRESS	925 NE 117TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BISCAYNE PARK FL	C Dr. Fig.	1.4 CITY-ST-ZIP		
NAME	S Gonzalez, Jacqueline N	☐ DELETE	2. 1 TITLE		Change Addition
STREET ADDRESS	925 NE 117TH ST.	MUR	2.2 NAME		
CITY - ST - ZIP	BISCAYNE PARK FL		2 3 STREET ADDRESS		
TIDLE	DIOCITICA I PARTICI	T) DELETE	2.4 CITY - ST - ZIP	· ·	Change C Addition
NAME			3.2 NAME	* '	Change Addition
STREET ADDRESS	•		33 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
THILE		□ priete	4.4 CITY-ST-ZIP		
NAME		DELETE	5 1 TITLE		Change Addition
STREE ADDRESS			5 2 NAME		
CHTY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change Addition
NAME			6.2 NAME	•	☐ suguiðo ☐ vontilnti
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
oath; that I	certify that the information supplied the information indicated on this ann am an officer or director of the corpo Block 12 or Block 13 if changed, in	oration or the receiver or trustee	a report is true and accurate empowered to execute this	r the exemption stated in Section 119.07(3)(k), Fi e and that my signature shall have the same legal report as required by Chapter 607, Florida Statu	orida Statutes. I further effect as if made under tes; and that my name

Jacqueline M. Gonzalez, Sect. 4/ /96 (305) 893-0229 SIGNATURE: XX