SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750).

PROFIT CORPORATION **ANNUAL REPORT**



DOCUMENT # P94000078005 (3)

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Sep 23 1998 8:00am Secretary of State

| gem en | iterprises of Miami, II | VC. | | | |
|--|--------------------------------------|---------------------------------------|-------------------------------------|--|--------------------------------|
| Principal Plac | ce of Business | Mailing Address | | | |
| 8821 ANDORA DRIVE MIRAMAR FL 33025 | | 8821 ANDORA DRIVE MIRAMAR FL 33025 | | DO NOT WRITE IN T | HIS SPACE |
| | | | | 3. Date Incorporated or Qualified | IIIO OF AGE |
| | | | | 10/24/1994 | |
| 2. Principal Place of Business 2e 21 26 Suite, Apt. #, etc. 27 | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | | Suite, Apt. #, etc. | | 65-0653590 | Not Applicable |
| | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country [25] | Zip 29 | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New Register | red Agent |
| TAYLOR, MICHAEL | | | 81 Name | | |
| | 37 N.W. 7TH AVENUE | | 82 Stro∈1 Add | ress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33168 | | | | | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | pration submits this statement for the purpose of | FL 103 25 0000 |
| agent. I SIGNATURE | am familiar with, and accept the ob- | oligations of, section 607.0505, F | OTE: Registered Agent signature rec | ion's board of directors. I hereby accept the ap | Ε |
| TITLE | PD | DELETE | 1.5 TOTLE | ADDITIONATION TO THE STATE OF T | Change Addition |
| NAME | MCLAUGHLIN, URLINE | [.J bittere | 1.2 NAME | | Change Addition |
| STREET ADDRESS | AAAA ALIBABA BBIIT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | E. J Decere | 2.2 NAME | | Change E. J Moston |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-S1-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITL€ | | Change Addition |
| NAME | | E.J. OEKETE | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 C(1Y-S1-2)P | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
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| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAV€ | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 City-St-ZiP | | |
| TITLE | | [] DECETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | Į | | 63 STREET ADDRESS | | |

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 of the repolition of the 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 of the repolition of the 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 of the repolition of the 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 of the repolition of the corporation of the repolition of th

64 CITY-ST-ZIP

CITY-ST-ZIP