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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 608303 (4)

1. Corporation Name
INGO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7501 DADELAND MALL F C 14 MIAMI FL 33156	7501 DADELAND MALL F C 14 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1979

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8470 S.W. 86 CT.
Suite, Apt. #, etc.
27
City & State
28 MIAMI - FLORIDA
Zip 29 33143 Country 30

4. FEI Number: 59-1944030 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALLEGARI, ANTONIO
7153 SW 100 ST
MIAMI FL 33456

10. Name and Address of New Registered Agent

81 Name: CALLEGARI ANTONIO
82 Street Address (P.O. Box Number is Not Acceptable): 8470 S.W. 86 CT.
83
84 City: MIAMI FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE	PS	☐ Change ☐ Addition
NAME	CALLEGARI, ANTONIO		1.2 NAME	CALLEGARI ANTONIO	
STREET ADDRESS	7153 SW 100 ST		1.3 STREET ADDRESS	8470 S.W. 86 CT.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI - FL. 33143	
TITLE	TV	☐ DELETE	2.1 TITLE	TV	☐ Change ☐ Addition
NAME	CALLEGARI, REMEDIOS		2.2 NAME	CALLEGARI REMEDIOS	
STREET ADDRESS	7153 SW 100 ST		2.3 STREET ADDRESS	8470 S.W. 86 CT.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI - FL. 33143	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 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		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 or 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 attachment with an address.

SIGNATURE: _____ 4-08-98