## 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

DOCUME 1. Corporation Na		) (1)					
ROLL FAS	ST ENTERPRISES, INC.						
Principal Place of Business Mailing Address					1 180110 0110 118 118 110 60 1110 1106 1106		
C/O DIANE BLAIS DE MALVAR 4141 NW 36 AVE. MIAMI FL 33142		C/O DIANE BLAIS DE MALVAR 4141 NW 36 AVE. MAMI FL 33142					
MIRMI PC 33142		MINMITE OSTAL			3. Date Incorporated or Qualified 03/30/1979	3a. Date of Las 02/13/	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address	├─ <sub>1</sub> ~		4, FEI Number 59-1921578	Applied For Not Applicable	
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25     Name and Address of Current	29 Registered Agent	30		10. Name and Address of New F		
	<u>'',,</u>		81	Name			
BLAIS DE MALVAR, DIANE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
4141 NW 3							
MIAMI FL E	F 33142		83				
			84 City			FI 85	Zip Code
<b>11.</b> Pursuant to the or registered a familiar with, a	ne provisions of Sections 607.0502 agent, or both, in the State of Floric and accept the obligations of, Sections	and 607.1508, Florida Statuti la. Such change was authoriz on 607.0505, Florida Statutes	es, the above n ed by the corpo	anied corpor oration's boa	ation submits this statement for the pured of directors. Thereby accept the app	pose of changing i ointrnent as registe	its registered office red agent. I am
SIGNATURE	ature, typed or printed name of registered agents	end title if applicable (NC	DE Registered Arjon	: signature region:	ว พระการสากผู้	[/A <sup>1</sup> E	
12.	OFFICERS AND	·	13.		ADDITIONS/CHANGES TO OFF	the second of the second of the second	
	PD	☐ DELETE	1, 1 TITLE			☐ Chan	ge 🗌 Addition
	BLAIS DE MALVAR, DIANE		1.2 NAME				
	4141 NW 36TH AVE MIAMI FL		1.3 STREET				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-S 2.1 Till F	1-7112		Chan	ge Addition
NAME			2.2 NAME				
STHEET ADDRESS			2.3 STREET	ADDRESS			į
CITY-ST-ZIP			2.4 CHY - S	T-ZiP			
TITLE		☐ DELETE	3 1 T TLF			☐ Chan	ge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	ADDRESS			
CITY - ST - ZIP		— Driett	3 4 C-TY - \$	I · Z·P		☐ Chan	as [] Addition
THILE		☐ DELETE	4 1 1 II LE			Clian	ge
NAME			4.2 NAME	ADDALCC			
STREET ADDRESS			4.3 STREET 4.4 CITY-S				
CITY-ST-ZIP TITLE		DELETE	5 1 Title			Chan	ge 🔲 Addition
NAME			5.2 NAME			_	
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	! - 7IP			
TITLE		DELETE	6 1 TITLE	T		Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET				
CITY - ST - ZIP			6.4 CITY - S		or the exemption stated in Section 119		

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 attachneous with an address.

SIGNATURE: May Plais de Dhelom\_ DIANE BLAIS DE MAWAR 3/21/96

305-638-1770