

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Martano
Secretary of State
OFFICE OF CORPORATIONS

1996 4-11-96

B-3392

C

DOCUMENT # **637382**

(3)

1. Corporation Name:

EL ENCANTO DE MIAMI #2, INC.

Principal Place of Business:

117 N.E. 2ND AVE
MIAMI FL 33132
US

Mailing Address:

117 N.E. 2ND AVE
MIAMI FL 33132
US



2. Principal Place of Business:

2a. Mailing Address:

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

SEREBRENK, OSCAR
117 N.E. 2ND AVE
MIAMI FL 33132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0091 and 607.1501, 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of Section 607.0091, Florida Statutes.

SIGNATURE

Signature of person who is authorized to file this statement

Signature of person who is authorized to file this statement

DATE

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OFFICERS AND DIRECTORS

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ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

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PD
SEREBRENK, OSCAR
117 N.E. 2ND AVE
MIAMI FL

DELETED

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D
SEREBRENK, MAGDALENA
117 N.E. 2ND AVE
MIAMI FL

DELETED

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14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this statement with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

(305) 319-1170

CR2E034 (12/95)