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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 637382  
1. Corporation Name:  
EL ENCANTO DE MIAMI #2, INC.

(3)



Principal Place of Business:  
117 N.E. 2ND AVE  
MIAMI FL 33132  
US

Mailing Address:  
117 N.E. 2ND AVE  
MIAMI FL 33132-2530  
US

2. Principal Place of Business:  
21 58 NE 1ST STREET  
Suite, Apt #, etc.  
22  
City & State  
23 MIAMI FLORIDA  
24 33132 25 US

2a. Mailing Address:  
26 58 NE 1ST STREET  
Suite, Apt #, etc.  
27  
City & State  
28 MIAMI FLORIDA  
29 33132 30 US

3. Date Incorporated or Qualified: 09/25/1979  
3a. Date of Last Report: 04/11/1996  
4. FID Number: 59-1936152  
Applied For Not Applicable  
5. Certificate of Status Deared: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for a taxable tax under s. 190.032, Florida Statutes: [X] Yes [ ] No  
10. Name and Address of New 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 58 NE 1ST STREET  
84 City: MIAMI  
85 Zip Code: FL 33132

11. Pursuant to the provisions of Sections 607 (0.03) and 607 (1.03), 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. Each 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 (0.03), Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/>
NAME	SEREBRENK, OSCAR	
STREET ADDRESS	117 N.E. 2ND AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	SEREBRENK, MAGDALENA	
STREET ADDRESS	117 N.E. 2ND AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
NAME					
STREET ADDRESS	58 NE 1ST STREET				
CITY- ST- ZIP	MIAMI FL 33132				
TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME					
STREET ADDRESS	58 NE 1ST STREET				
CITY- ST- ZIP	MIAMI FL 33132				
TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

14. I do hereby certify that the information submitted by the filer is true and correct and that the filer is qualified for the corporation stated in Section 119 (0.26)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 member of the corporation or the registered agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to or on an annual report with an address.

SIGNATURE \_\_\_\_\_ Date 1/15/97 (205) 279-1171

CR2E034 (9/96)