## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 655380

(4)

**DEANNA ENTERPRISES, INC.** 

Proping Disc	of Durings	Maillian Address			· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business 3050 BISCAYNE BLVD SUITE 100 MIAMI FL 33137-3804		Mailing Address 3050 BISCAYNE BLVD SUITE 100 MIAMI FL 33137-4143							
						3. Date Incorporated or Qualific 02/08/1980		ate of Last R <b>/01/1996</b>	eport
2. Principa! Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-1979653		<del></del>	oplied For ot Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & State	)	City & State				6. Election Campaign Financing		\$5.00 Added	May Be
Zip	Country	Zip	Cou	ntry		Trust Fund Contribution  8. This corporation has liability:	or intangible	tax under s	
24	9. Name and Address of Current	29 Penistered Agent	30			Florida Statutes  10. Name and Address of New		No No	
COCI		negistered Agent		81	Name	10, Name and Address of New	uegistered	Agent	
3050	emon, veldrin ) biscayne blvd			82		Idress (P.O. Box Number is Not Accep	table)		
STE Mian	100 #I FL 33137			83					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City		FL	85 Zip	Code
agent Far SIGNATURE	o the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation Signature Typed or printed name of registered agent	ons of, Section 607,0505, F	lorida Stat	utes		orporation submits this statement for the ration's board of directors. I hereby act appropriately the reinstating and the reinstating of the reins	e purpose o cept the ap		s registered registered
12.	OFFICERS AND		13.	Agei	n signature rec	ADDITIONS/CHANGES TO OF	DATE CICCOD AN	D DIDECTOR	C IN 40
THILE	PTD	DELETE	1.1 70	ri F		ADDITIONS/CHANGES TO OF	FICENS AN	Change	Addition
NAME	FREEMON, VELDRIN	<del></del>	1.2 NA						
STREET ADDRESS	3050 BISC BLVD., SUITE 100		1.3 ST	REET .	ADDRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CITY - ST - ZIP					
TITLE	VC	☐ DELETE	2.1 10					☐ Change	Addition
NAME	WYATT, BELITA		2.2 NAME						
STREET ADORESS	3050 BISC. BLVD., SUITE 100		2.3 ST	REET	ADDRESS	1			
CHY-ST-ZIP	MIAMI FL		2. 4 CI	ITY-S	T- <b>Z</b> IP				
TITLE	8	☐ DELETE	3.1 TI	TLE				Change	Addition
NAME	BARKER, VERA Y		3.2 NA	3.2 NAME					
STREET ADORESS	3050 BISC BLVD, SUITE 100		3.3 ST	REET	address				
C(TY - ST - ZIP	MIAMI FL	C brieff	3.4. C		T-ZIP			<del></del>	
TITLE		☐ DELETE	4.1 10					☐ Change	Addition
NAME			4. 2 NAME						
STHEET ADDRESS					ADDRESS				
CITY - ST - 74P TITLE			4.4 CI		- ZIP			Change	Addition
NAME			5.1 TIX					mi change	C ADDITION
			5.2 NA		*DDDCCC				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 C/I		- ZIP			☐ Change	Addition
NAME			6.2 NA					□ Citange	ריין אטטונוטון
STREET ADDRESS					ADDRES\$				
CITY OF 210			0.3 51	NEC I	unnuta9				-

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat