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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # F44903 IA ENTERPRISES, INC.	(5)			1611 9111 61814 BARI BARI 1881
Principal Place of Business 2461 S STATE RD #7 FT LAUDERDALE FL 33317 US		Mailing Address P O BOX 17796 FT LAUDERDALE FL 33318-7796 US			
••				,	Date of Last Report
2. Principal F1	ace of Business	2a. Mailing Address		09/08/1981 4. FEI Number	05/09/1996 Applied For
21		26		59-2133781	Not Applicable
Suite, Apt #	t, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	ible tax under s. 199 032,
24]	25	29	30		□ No
	 Name and Address of Current RDINA, SALVATORE J 	Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
1030	D SW 93 TERR. NTATION FL 33324		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE .	agestered agent, or both, in the State on farmhar with, and accept the obligation of the state o	and title if applicable (NO	authorized by the corpora orida Statutes. IE. Registered Agent signature requi	ition's board of directors. I hereby accept the ired when reinstaling) ADDITIONS/CHANGES TO OFFICERS.	TE .
THE I	PD	DELETE	1.1 TITLE	ADDITIONS/STATUCES TO STATE THE	Change Addition.
NAME	GIARDINA, SALVATORE J		1.2 NAME		
STREET ADDRESS	1030 SW 93RD TERR		1,3 STREET ADDRESS		
CITY - S3 - ZiP	PLANTATION, FL 00000		1.4 CITY - ST - ZIP		
TITLE	S CIADDINA DEDDA	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADORESS	GIARDINA, DEBRA 1030 S.W. 93 TERR.		2.2 NAME 2.3 STREET ADDRESS		
City-St-Zip	PLANTATION FL		2.4 CITY-ST-ZIP		
THE		☐ DELETE	3 1 TITLE		Change Addition
NAME:			3,2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T cerete	3.4. CITY-ST-ZIP		
Title		L_J DELETE	4.1 TITLE		Change
NAME STHEEL ADURESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY ST-ZIP			4.4 CiTY-ST-ZIP		•
Tifut		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CiTY+ST-ZiP			5.4 CITY-ST-ZIP		
THLF		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	·	
STREET ADDRESS			63 STREET ADDRESS		
CITY - \$1 - ZiP	ny cartify that the information encolled	with this filing door not avail	ify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the
information	reindicated on this annual report or er	iontomontal annual conort te	true and accurate and the	at my signature shall have the same legal effe ort as required by Chapter 607, Florida Statute	et as if made under noth: that

SIGNATURE:

CHALLES THE CHARLES HAVE OF PRINTED NAME OF SIGNING OFFICER OF CHECTOR

3-24-9

9595818575 Daytime Phone #

FILED

Apr 10 1997 8:00am

Secretary of State