

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 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 # F95000003735 (6)

1. Corporation Name
ENJOY AMERICA, INC.



Principal Place of Business
169 LINCOLN RD #218
MIAMI BEACH FL 33139

Mailing Address
169 LINCOLN RD #218
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1995
3a. Date of Last Report 03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
21 ENJOY AMERICA INC	26 ENJOY AMERICA	13-3567710	8	Trust Fund Contribution	\$8.75
22 501 FIFTH AVE #914	27 169 LINCOLN ROAD #214				\$5.00
23 New York N.Y.	28 MIAMI BEACH FLORIDA				May Be Added to Fees
24 10017	29 33139				
25 USA	30 USA				

9. Name and Address of Current Registered Agent

VIVIANI, MASSIMO
169 LINCOLN RD #218
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	VIVIANI, MASSIMO	1.2 NAME	
STREET ADDRESS	20 RIVER RD #22 H	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROOSEVELT ISLAND NY 10044	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	VIVIANI, MASSIMO	2.2 NAME	
STREET ADDRESS	710 WASHINGTON AVE #512	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name