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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90090 027 ***150.00

 Corporation 	MENT # G04533 NAME ENTERPRISES INC.	}				
Principal Place	e of Business	Mailing Address		T I BUISIN BON DANK BIRDS DEND HINDO NEW DISIN	HIBRE BIBIL OCOLE BY	ELL GEBEL 1801
13731 SW 152		13731 SW 152 STREET		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
MIAMI FL 33177 MIAMI FL 33177						
US		US		DO NOT WRITE IN THIS	3 SPACE	
				3. Date Incorporated or Qualifed		
- 0: : (5)	(Dusiness	A Mailing Address		10/15/1982 4. FEI Number		plied For
-	lace of Business	2a. Mailing Address		59-2233447	<u> </u>	Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			<u></u>	\$8.75 A		
22	m, e.c.	27		5. Certificate of Status Desired	Fee Rec	
City & State City & State				6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year In	itangible	
24	25	29	30	Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
0414	OUR DIGITARE		81 Name			
	OUR, RICHARD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
13731 SW 152 STREET MIAMI FL 33177						
MIAN	MI PL 331//		83			
			84 City		85 Zip C	ode
				Proporation submits this statement for the purpose of		
agent. I a	m familiar with, and accept the obligation of registered ages	nt and title if applicable. (NOTE: I	Registered Agent signature requ			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		[] Change	L. Audition
NAME	SAYOUR, RICHARD		1.2 NAME			}
STREET ADDRESS	13731 SW 152 STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE	VS		2.1 TITLE		Ondinge	[_] / Gdlasii
NAME	SAYOUR, JEAN MARIE		2.2 NAME			
STREET ADDRESS	13731 SW 152 STREET		2.3 STREET ADDRESS			j
C!TY-ST-ZIP	MIAMI FL	□ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE		□ Dece 12	3.2 NAME		<u> </u>	_
NAME			3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_		
TITLE		☐ DETELE	5.1 TITLE		[] Change	Addition
NAME			5.2 NAME			İ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I 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 attaphment with an address, with all other like empowered.

SIGNATURE: LUCIO DE PRINTEN NAME OF SIGNING OFFICER OR DIRECTOR 4/28/99 (305)254-2477

R2E034 (11/98)