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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

· Corporation	MENT # <b>G6092</b> NAME ENTERPRISES, INC.	28								
Principal Place	of Business	Mailing Address				† 1889 III PAIN	\$441 <b>10</b> 110 1840 14	801 (QLE #101) DI	Bil Bibli Afi	
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MIAMI FL 33145		MIAMI FL 33145	- <del>-</del>				DO NOT WRI	TE IN THIS	SDACE	
						2 Data la surrogat		IE IN THIS	SPACE	
						3. Date Incorporat	led or Qualifed			
2	(B. )	2a. Mailing Address				09/23/1983 4. FEI Number			<del></del>	Applied For
Z. Principal Pl	ace of Business	<b>├</b> ¬				59-2436451			<b>├</b>	Not Applicable
Suite, Apt. :	# etc						,			5 Additional
_ ` ` '	r, etc. \:	27				5. Certificate of Sta	atus Desired	×	•	Required
City & State		City & State				6. Election Campa	alon Financino		\$5.0	0 May Be
23		28				Trust Fund Con	-			ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation	n owes the curr	ent year Inta	angible	. /
4	25	29	30			Personal Prope	•	,	Yes	No
	9. Name and Address of Cu	rrent Registered Agent		[		10. Name and Add	dress of New F			
				81	Name		•		-	
	ez, enrique			82	Street Addre	ess (P.Q. Box Number	r is Not Accepta	able)		
2021	SW 23 TERR			-					-	
			-	83	- "					
	MI FL 33145			03						
	WI FL 33145				City				85 7	in Code
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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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP