

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.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G63066** (6)
1. Corporation Name
PHIL-AM ENTERPRISES CORP.

Principal Place of Business 16017 NE 8TH AVENUE N. MIAMI BEACH FL 33162	Mailing Address 16017 NE 8TH AVENUE N. MIAMI BEACH FL 33162
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FILED

97 JUL 29 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1983		3a. Date of Last Report 07/12/1996	
21		26		4. FEI Number 65-0097611		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent RAMOS, NAPOLEON 16017 NE 8TH AVE. N. MIAMI FL 33162				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, NAPOLEON			1.2 NAME			
STREET ADDRESS	16017 NE 8TH AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, EPIFANIA			2.2 NAME			
STREET ADDRESS	16017 NE 8TH AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME	200002257042--6		
STREET ADDRESS				3.3 STREET ADDRESS	-08/04/97--01155--010		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	****165.00 ****165.00		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 registered agent 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.

EO34 (4/97)

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PHIL-AM ENTERPRISES INC.

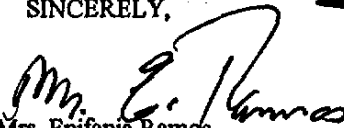
16017 NE 8th AVE. , N. MIAMI BEACH, FL 33162

DIVISIONS OF CORPORATIONS
ANNUAL REPORTS SECTION
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

This letter is in regard to the notice of renewal of our 1997 Profit Corporation Annual Report. Unfortunately, the first notice of renewal was never received by us, and a second notice of renewal was acquired only after I personally requested a packet 07-09-97. If you would please consider waiving the \$385 late fee(filings after 05-01-97) we would deeply appreciate it. As good faith, I have enclosed a check of \$165 towards our renewal. Again, thank you for your time and consideration in this matter .

SINCERELY,


Mrs. Epifania Ramos
V. PRESIDENT

The foregoing instrument was acknowledged
before me this 21st day of July, 1997
by Epifania Ramos who produced a
Personally Known as identification.



ANDREA M BARRIOS
My Commission 00818888
Expires Dec. 18, 1999

