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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		7.7	y of State ORPORATIONS	Secretary of State	
DOCU 1. Corporation	MENT # H12485	\ /			
ERGO	INTERNATIONAL ENTERPRIS	SES, INC.		E (ANALI) AIRI (IAIN 418) AIRI AIRI A	M BIBN BIBN BIBN BIBN BIBN BIBN BIBN BIB
UNIT 378 UNIT 378		6619 SO. DIXIE HWY. UNIT 378			
MIAMI FL 33143 MIAMI FL 33143 US US				3. Date Incorporated or Qualified	IN THIS SPACE
				07/17/1984	
2. Principal Place of Business 21 5810 Leonardo ST 26 5810 Leonard			ama ST	4. FEI Number	Applied For
21 5 8 Suite Apt	#, etc	Suite, Apt. #, etc.	1140 01.	59-2098054	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat 23 COPA	LGables, Fl	City & State 28 CORAL GAL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/			Country 30 USA	This corporation owes or has pa Personal Property Tax due June	30. Yes No
DO	9. Name and Address of Current AMNICK, MARIO	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
9050 PINES BLVD., SUITE 450			82 Street Add	ress (P.O. Box Number is Not Acceptate	stu.
SUITE 1000 - 10TH FLOOR				ress (P.O. Box Number is not Acceptat	ole)
PE	MBROKE PINES FL 33024		83		
			84 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the p	
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was a ions of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	tion's board of directors. I hereby acce	ot the appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of registered agent OFFICERS AND		: Registered Agent signature requi	rod when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	S	DELETE	1.1 YITLE	1.0011101107017111020 10 01111	Change Addition
NAME	ERTEL, BASA		1.2 NAME		
STREET ADDRESS	6904 SW 88 ST., F-206		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	The profession	1.4 CITY-ST-ZIP		
TITLE	ERTEL, SALOMON	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME SYREET ADDRESS	6904 SW 88TH ST., F-206		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	5	DELETE	3.1 TITLE		Change Addition
NAME	EVTEL, BUSA 5810 LEONANDOST GEAL GALDES, F		3.2 NAME		
STREET ADDRESS	5810 Legrandost		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRAL GALLES, F	1a 33146	3 4. CITY-ST-ZIP		
TITLE	Ertel, Salomon 5810 Leonardo ST CORAL Bables, F	☐ DELETE	4.1 THLE		Change Addition
NAME STREET ADDRESS	5810 Leananda ST	-	4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL BOLLES K	1 33146	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	***************************************	·	54 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filling 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 eath; 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 attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

(BASA ETTEL)

(305) 662-9078

FILED

Apr 03 1998 8:00am