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Feb 21 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 # H38259

(8)

1. Corporation Name

NEGRO ENTERPRISES, INC.



Principal Place of Business

%JOAQUIN R. MEMBIELA
782 NW 42 AVE. STE 534
MIAMI FL 33126
US

Mailing Address

%JOAQUIN R. MEMBIELA
782 NW 42 AVE. STE 534
MIAMI FL 33126-5548
US

2. Principal Place of Business

21 % JOAQUIN R. MEMBIELA
Suite, Apt. #, etc.
22 782 N.W. 42 AVE. STE 430

23 MIAMI, FL
Zip
24 33126

Country

25

2a. Mailing Address

26 % JOAQUIN R. MEMBIELA
Suite, Apt. #, etc.
27 782 N.W. 42 AVE. STE 430

28 MIAMI, FL
Zip
29 33126

Country

30

3. Date Incorporated or Qualified

01/08/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2485707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MEMBIELA, JOAQUIN R.
782 NW 42 AVE, STE 534
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

782 N.W. 42 AVENUE

83

SUITE 430

84 City

MIAMI

FL

85 Zip Code
33126

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

TITLE PD
NAME MEMBIELA, JOAQUIN R.
STREET ADDRESS 782 NW 42 AVE, 534
CITY-ST-ZIP MIAMI FL 33126

TITLE STD
NAME MEDINA, MARTA
STREET ADDRESS 782 N.W. 42 AVE. #534
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T/D
1.2 NAME
1.3 STREET ADDRESS 782 N.W. 42 AVE. STE 430
1.4 CITY-ST-ZIP MIAMI, FL 33126

2.1 TITLE P/D
2.2 NAME MARTA MEDINA MEMBIELA
2.3 STREET ADDRESS 782 N.W. 42 AVE. STE 430
2.4 CITY-ST-ZIP MIAMI, FL 33126

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

MARTA MEDINA MEMBIELA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/18/97 (305) 446-4006
Daytime Phone #

CR2E034 (9/96)