

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H59420

(O)

1. Corporation Name:

E.N.M., INC.

APPROVED
AND
FILED

95 MAY - 1 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
21110 BISCAYNE BLVD., STE. 206 NORTH MIAMI BEACH FL 33180		21110 BISCAYNE BLVD., STE. 206 NORTH MIAMI BEACH FL 33180	
2. Principal Place of Business		2a. Mailing Address	
21	26	26	
Suite, Apt. # etc		Suite, Apt. # etc	
22	27	27	
City, & State		City, & State	
23	28	28	
24	25	29	30

9. Name and Address of Current Registered Agent

KURZWEIL, HOWARD E.
328 MINORCA AVE., 2ND FLOOR
FORT LAUDERDALE FL 33314

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(6) and 607.15(6B), Florida Statutes, the above named corporation submits the 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 607.05(6B), Florida Statutes.

SIGNATURE

Signature, Name, and Telephone number of the Person signing

or the name and telephone number of the person signing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	NAME	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANABERGH, ENRIQUE	1.2 NAME	
STREET ADDRESS	21110 BISCAYNE BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	NO. MIAMI BEACH FL	1.4 CITY, ST, ZIP	
TITLE		2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 NAME	<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		5.1 NAME	<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		6.1 NAME	<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 declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1007.05(6B), Florida Statutes. I further certify that the information indicated on the annual report or semi-annual 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 person or holder 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 in conjunction with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/95 (305) 933-2111
FAX