
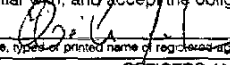
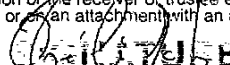


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

| | | | | | |
|--|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # H71246 (3) | | | | | |
| 1. Corporation Name ENA TECHNOLOGY, INC. | | | | | |
| Principal Place of Business 1999 UNIVERSITY DR SUITE 214 CORAL SPRINGS FL 33071 US | | | Mailing Address 1999 UNIVERSITY DR SUITE 214 CORAL SPRINGS FL 33071 US | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/14/1985 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2604430 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 Country | |
| 9. Name and Address of Current Registered Agent SAKAYA, HELIO 1999 UNIVERSITY DRIVE SUITE 214 CORAL SPRINGS FL 33071 | | | | 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 | |
| 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  DATE 1/20/93 | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME DE CARVALHO, ALEXANDRE | | | 1.2 NAME | | |
| STREET ADDRESS 1999 UNIVERSITY DR STE 21A | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP CORAL SPRINGS FL | | | 1.4 CITY-ST-ZIP | | |
| TITLE VPD <input type="checkbox"/> DELETE | | | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME DE LAROSA, JOSE | | | 2.2 NAME RENATO RUIZ | | |
| STREET ADDRESS 1999 UNIVERSITY DR STE 21A | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP CORAL SPRINGS FL | | | 2.4 CITY-ST-ZIP | | |
| TITLE MT <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME SAKAYA, HELIO | | | 3.2 NAME | | |
| STREET ADDRESS 1999 UNIVERSITY DR STE 21A | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP CORAL SPRINGS FL | | | 3.4 CITY-ST-ZIP | | |
| 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 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 as an attachment with an address. | | | | | |
| SIGNATURE:  DATE 1/20/93 954-756-1002 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (10/97)