

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

FILED

Apr 22 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 # H91137 (0)

1. Corporation Name
F S M ENTERPRISES, INC.



Principal Place of Business Mailing Address
195 S.W. 15TH ROAD 195 S.W. 15TH ROAD
SUITE 503 SUITE 503
MIAMI FL 33129-1128 MIAMI FL 33129-1150

3. Date Incorporated or Qualified 12/17/1985 3a. Date of Last Report 08/06/1996

2. Principal Place of Business 2a. Mailing Address
21 11767 S. DIXIE HWY 26 11767 S. DIXIE HWY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 101 27 101

4. FEI Number 59-2614070 Applied For Not Applicable

23 City & State MIAMI 28 City & State MIAMI FL
Zip 33156 Country DADE 29 33156 30 DADE

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
DE LA MAZA, FEDERICO
195 S.W. 15TH RD.
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name GESUS JOHN SAINZ DE LA MAZA
82 Street Address (P.O. Box Number is Not Acceptable) 11767 S. DIXIE HWY 101
83
84 City MIAMI FL 85 Zip Code 33156

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 family member, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE GESUS JOHN SAINZ DE LA MAZA DATE 4/16/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAINZ DE LA MAZA, F.			1.2 NAME	GESUS JOHN SAINZ DE LA MAZA		
STREET ADDRESS	12801 OLD CUTLER RD			1.3 STREET ADDRESS	12601 OLD CUTLER RD		
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP	CORAL GABLES FL 33156		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<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		<input type="checkbox"/> DELETE		3.1 TITLE		<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		<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 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: GESUS JOHN SAINZ DE LA MAZA DATE 4/16/97 DAYTIME PHONE (305) 663-5348

CR2E034 (9/96)