

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 22 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12613 (2)
1. Corporation Name
ESTEFAN ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 555 JEFFERSON AVENUE MIAMI FL 33139 US		Mailing Address 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US		3. Date Incorporated or Qualified 05/05/1986	
21. Principal Place of Business	22. Mailing Address	4. FEI Number 59-2738452		Applied For Not Applicable	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEFAN, EMILIO JR.		1.2 NAME	Emilio Estefan, Jr.	
STREET ADDRESS	6205 BIRD ROAD		1.3 STREET ADDRESS	555 Jefferson Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPSID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEFAN, GLORIA		2.2 NAME	Gloria M. Estefan	
STREET ADDRESS	6205 BIRD ROAD		2.3 STREET ADDRESS	555 Jefferson Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTEFAN, GLORIA		3.2 NAME	Frank Amadeo	
STREET ADDRESS	6205 BIRD ROAD		3.3 STREET ADDRESS	555 Jefferson Avenue	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, REBECCA		4.2 NAME		
STREET ADDRESS	6205 BIRD ROAD		4.3 STREET ADDRESS	000002503360--6	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	-04/28/98--01086--005	
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 on an attachment with an address

SIGNATURE *Frank Amadeo* Frank Amadeo 4/21/98

CR2E034 (10/97)