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

DOCUMENT # J15735

(0)

CORONEL ENTERPRISES, INC.

FILED

Mar 19 1998 8:00am

Secretary of State

incipal Place of Business	Mailing Address	
1925 W. OKEECHOBEE RD. #5	9325 W. OKEECHOBEE RD. #5	

9325 W. OKEECHOBEE RD. #5 HIALEAH FL 33016		9325 W. OKEECHOBEE RD. #5 HIALEAH FL 33016			W2 25 4 5 5
				3. Date Incorporated or Qualified 05/02/1986	IS SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2688944	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζip	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25]	[29]	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	rrent Hegistered Agent	81 Name	10. Name and Address of New Register	sa Agent
	PRONEL, OCTAVIO G.		14dille		•
	8-01-S.W. 158TH AVE. MESTEAD FL 33033		82 Street A B 7	Address (P.O. Box Number is Not Acceptable)	
			84 Silv -	leady Gardens F	L 85 Zip Code 330/6
office or re	egistered agent, or both, in the S	.0502 and 607.1508, Florida Statu tate of Florida Such change was bligations of, Section 607.0505, Fl	authorized by the corp	corporation submits this statement for the purpos- poration's board of directors. I hereby accept the	e of changing its registered
SIGNATURE					
	Signature, typed or profed name of registers		E Registered Agent signature		
12.	OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
 	CORONEL, OCTAVIO G.	Detter			Art cuspide (**) vanimum
NAME	30001 SW 138TH AVENU	E	1.2 NAME	Baca LW HOST	
STREET ADDRESS	HOMESTEAD PL	-	1.3 STREET ADDRESS	B799 NW 1108T	1. 35016
CITY-ST-ZIP TITLE		DELETE	1.4 City-St-ZiP 2 1 Title	THE PROPERTY OF	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City-St-ZiP		
TITLE		DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	6.1 TALE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		Δ	6.4 CITY-ST-ZIP		

4. 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 of upplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of thou propose into or the requirever of 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, onto a least inner with an address.

SIGNATURE:

3-7-98 305 558122