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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1. Corporation		<u> </u>	CORPORATION	IS			
	MENT # K2291 PLORIDA ENTERPRISES IN	` '					
Principal Place	of Business	Mailing Address	······		-		I DIBII BEDE DIBII 1881
717 PONCE D	S. FABRE ESO DE LEON BLVD #234	% FRANK R.S. FABRE 717 PONCE DE LEON	BLVD #234				
COHAL GABL	ES FL 33134-2048	CORAL GABLES FL 3	3134-2048		3. Date Incorporated or Qualified 05/09/1988	3a. Date of La	•
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	Letc.	Suite, Apt. #, etc.			04-4222250	•	Not Applicable
2	,	27			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
_ Zip	Country	Zip	Country		8. This corporation has liability for		iers 199.032,
4	25 9. Name and Address of Currer	29 Agent	30		Florida Statutes Yes 10. Name and Address of New F	No Registered Agent	
/n		B c. Bain	81 1	Name	IV. HAIRE WILL AUGISSO OF HEW F	rodistoran whati	•
FABRE, I	Frank R.S. ESQ		82 8	Street Addre	ss (P.O. Box Number is Not Acceptab)la)	
717 PON	ice de Leon Blyd			311001 Addit	33 (F.O. DOX Harrison is Not Hoodpital	, , , , , , , , , , , , , , , , , , ,	
SUITE 23			83				i i i
CORAL (GABLES FL 33134		84 (Dity		FL 85	Zip Code
or registere	ed agent, or both, in the State of Flori n, and accept the obligations of Sect	da. Such change was authoriz	ed by the corpora	rieu corpora	tion submits this statement for the put	rpose of changing ointment as regist) its registered office
tamiliar witr SIGNATURE	Signature, typed or printed name of registered agent	,	TE Registered Agent sig			DATE	loreo agent. I am
tamiliar with SIGNATURE	Bignature, typed or printed name of registered agent OFFICERS AN	t and title if applicable. NO	TE Registered Agent sig			DATE ICERS AND DIRE	CTORS IN 12
tamiliar with SIGNATURE S	Signature, typed or printed name of registered agent OFFICERS AN: PD	t and title if applicable. (NC	TE Registered Agent sig		when reinstaling)	DATE	CTORS IN 12
SIGNATURE S 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AN: PD GONZALEZ, ROSA E.	t and title if applicable. (NC D DIRECTORS	TE Registered Agent sig 13. 1. 1 TITLE 1.2 NAME	gnature required	when reinstaling)	DATE ICERS AND DIRE	CTORS IN 12
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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 3 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

446-3266 Daytime Phone # CR2F034 (12/95)