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CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -7 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56788 (8)

1. Corporation Name
FIVE ENTERPRISES CORPORATION

Principal Place of Business	Mailing Address
% MANUEL E. SANCHEZ 1474 W. 84TH ST. HIALEAH FL 33014-0363	% MANUEL E. SANCHEZ 1474 W. 84TH ST. HIALEAH FL 33014-0363

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1989
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 1474 W 84th St	26 1474 W 84th St
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite B
City & State 23 Hialeah, Fl	City & State 28 Hialeah, Fl
Zip 24 33014-3363 Country 25 USA	Zip 29 33014-3363 Country 30 USA

4. FEI Number: 65-0262177 ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
SANCHEZ, MANUEL E. 1474 W. 84TH ST. HIALEAH FL 33014-0363	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, MANUEL E.	1.2 NAME	
STREET ADDRESS	1474 W. 84TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, CANDIDA M.	2.2 NAME	
STREET ADDRESS	1474 W. 84TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 added to the report.

SIGNATURE: Manuel E. Sanchez MANUEL E. SANCHEZ PRESIDENT 02-06-95 (305) 362-5505
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Telephone Number

0004748 CP