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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90082 050 ***150.00

DOCUMENT 1. Corporation Name	# K77	7456

1. Corporati	ion Name NE #1 ENTERPRISES, I						Į.				
Principal Pla	ice of Business	M	alling Address				- I IOLITHIII SII (UUSI ISTI) OIMAR			DDE DON HIL	
* ARAZOZA	& COMAS P.A.	*	ARAZOZA & COMAS P.	A.							
101 MADEIRA		101	MACEIRA AVENUE	•							
CORAL GABL	ES FL 33134	00	RAL GABLES FL 33134				DO NOT WE		SPACE		_
							3. Date Incorporated or Qualifed	d .			1
2. Principal	Place of Business	72	Mailing Address				03/31/1989 4. FEI Number				4
21		26	remaining Additions				65-0113265		<u> </u>	polled For	-
Suite, Apt	f. #, etc.	120	Suite, Apt. #, etc.		-					ot Applicable Additional	┨
22		27					5. Certificate of Status Desired			equired	
City & Sta	ate		City & State		*		6. Election Campaign Financing		\$5.00	May Be	1
23		28					Trust Fund Contribution			to Fees	1
Zip	Country		Zip		ountry		_8This corporation owes the cur	ment year int	angible		7.
24	25	29		30			Personal Property Tax.			N/ANO]=-
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of 6	Current Regist	tered Agent		81 Name		10. Name and Address of New				4
AR/	AZOZA, COMAS DE TORRES	S. ET AL. P.A	l.			Fe	rnandòz-Fraca	ie Tor	res &		
	MADEIRA AVE.	-, -, -, -,	••		82 Street	Addres	s (P.O. Box Number is Not Accept alzedo Street	lable)			1
	RAL GABLES FL 33134				leal						4
					Su	ite					
					84 City.	ie ail.	Gables,	FL	85 7 9	Code,	1
11. Pursuant	to the provisions of Sections 60	07,9502 and 60	7.1508, Florida Statute	s, the	above-named	corpor	etion submits this statement for the	DUMOSA OF	changing its	registered	┨
office or i	registered agent, or both, in the	State of Florida obligations of.	a. Such change was at Section 607 0505. Flor	ithoriz	ed by the corp	oration	ation submits this statement for the s board of directors. I hereby acce	pt the appoir	ntnient as re	gistered	1
			Managin	- A	irocto	•					
SIGNATURE	Signaturity pad of printed partie of register	and trie if	Managine (NOTE:	a g	irecto	r	how retrictering)	DATE	2/2/9	<u>9</u>	
SIGNATURE	Signature Good of printed point of register	and sport and title if RS AND DIREC	Managine applicable (HOTE: CTORS	q d Register 13	irecto ed Agent algrature 1.	r		DATE	2/2/9 D DIRECTO	9 IRS IN 12	go
SIGNATURE 12. TITLE	Stones Speed of printed pointed register of FFICEI		Managine (NOTE:	Register 13	irecto nd Agent signature 1. TITLE	r	how retrictering)	DATE	2/2/9	<u>9</u>	(11/08)
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 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 with all other like empowered.

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