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 # K98733

(4)

FILED Mar 10 1998 8:00am Secretary of State

EKIDAV	WN ENTERPRISES INC.	()							
Principal Plac	ce of Business	Mailing Address				{	 	AFAIN DEATH DATH	1 019F1 10T1
12938 SW 133RD CT 12938 SW 133RD CT MIAMI FL 33186 MIAMI FL 33186						DO NOT WRITE	IN THIS S	SPACE	
						3. Date Incorporated or Qualified			
						06/26/1989			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		□ IAr	plied For
21		26				65-0133881			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		~~~~~			5	\$8.75	
22		27				5. Certificate of Status Desired	Ø		equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Po
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Coul	ntry		8. This corporation owes or has pa	id the curi		
24	25	29	30			Personal Property Tax due June	_		No
	9. Name and Address of Curren	it Registered Agent	1			10. Name and Address of New Re		Agent	
NW	/ADIKE, NAOMI ADASSA			81 Name	9				_
	938 SW 133RD CT			20 0		(B.O. B.)			_
	AMI FL 33186			62 Stree	t Addre	ss (P.O. Box Number is Not Acceptab	NO)		· .
WIF	AMI FL 33 100		ŀ	83			 -		
			1	"					•
				84 City	-		۴L	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	ae tha ah	ove-name	d corpo	ration submits this statement for the n		changing it	e registered
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was a	authorized	by the co	rporatio	n's board of directors. I hereby accep	t the appo	ointment as	registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	utes.					
SIGNATURE									
12.	Signature, typed or printed name of registered ago OFFICERS ANI	 	13,	Agent signalu	re required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDC AND	DIRECTOR	C IN 12
TITLE	PD	DELETE	1.1 1(1	15	1	ADDITIONS/CHANGES TO OFFIC	LINO AND	Change	Addition
	NWADIKE, NAOMI ADASSA				1			L. Criange	
NAME			1.2 NA						ŀ
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14. Thereby 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 an attachment with an address.

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