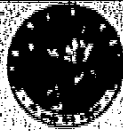


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Dendra B. Morsem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12199 (0)

1. Corporation Name
EDLE ENTERPRISE INC.

Principal Place of Business Mailing Address
7045 NW 41ST STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/24/1989** 3a. Date of Last Report **06/22/1994**

4. FEI Number **59-2696388** 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 § 190.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc	
22		27	
City & State		City & State	
23	28	City & State	
24	25	29	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent

**LEAL, MYRNA T
7045 NW 41ST STREET
MIAMI FL 33166**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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

Signature, typed or printed name of registered agent and title of individual

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, EDWARD A	1.2 NAME	
STREET ADDRESS	7045 NW 41ST STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33166	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, MYRNA T	2.2 NAME	
STREET ADDRESS	7045 NW 41ST STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33166	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, JORGA A SR.	3.2 NAME	
STREET ADDRESS	7045 NW 41ST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33166	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 on an attachment with an address.

SIGNATURE: *Jorga A Leal* **5/5/95** **305-591-4119**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE TELEPHONE #