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Apr 02 1997 8:00am  
Secretary of State



PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # L38449 (9)

1. Corporation Name  
FLORES ENTERPRISE INC.

Principal Place of Business

% NORA M. FLORES  
9420 SW 61ST ST  
MIAMI FL 33173

Mailing Address

% NORA M. FLORES  
9420 SW 61ST ST  
MIAMI FL 33173-1514



2. Principal Place of Business

21 14524 SW 76 ST  
Suite, Apt. #, etc.

22 City & State  
23 MIAMI FL

24 33183 Country USA  
25 DADG

2a. Mailing Address

26 14524 SW 76 ST  
Suite, Apt. #, etc.

27 City & State  
28 MIAMI FL

29 33183 Country USA  
30 DSA

3. Date Incorporated or Qualified  
12/27/1989

3a. Date of Last Report  
03/05/1996

4. FEI Number  
65-0257750

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

FLORES, RALPH  
9420 SW 61ST ST  
MIAMI FL 33173-1514

10. Name and Address of New Registered Agent

81 Name  
NORA M. FLORES  
82 Street Address (P.O. Box Number is Not Acceptable)  
14524 SW 76 ST  
83  
84 City  
MIAMI FL  
85 Zip Code  
33183

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: *Nora M. Flores* NORA M. FLORES (P)

3/24/97

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	FLORES, RALPH	
STREET ADDRESS	9420 SW 61ST ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FLORES, NORA M.	
STREET ADDRESS	9420 SW 61ST ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLORES RALPH	
1.3 STREET ADDRESS	14524 SW 76 ST	
1.4 CITY- ST- ZIP	MIAMI FL 33183	
2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FLORES NORA M.	
2.3 STREET ADDRESS	14524 SW 76 ST	
2.4 CITY- ST- ZIP	MIAMI FL 33183	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I hereby 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 on an attachment with an address.

SIGNATURE: *Nora M. Flores* NORA M. FLORES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 (305) 406-9776  
Date Daytime Phone #

CR2E034 (9/96)