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Jan 17 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 # L56712

(7)

1. Corporation Name

POTES ENTERPRISES, INC.

Principal Place of Business

14778 S.W. 56TH ST.
~~780 NW LEJEUNE RD SUITE 400~~
MIAMI FL 33185-1
US

Mailing Address

14778 S.W. 56TH ST.
~~780 NW LEJEUNE RD SUITE 400~~
MIAMI FL 33185-4070
US



3. Date Incorporated or Qualified
03/13/1990

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

21 14778 SW 56 Street
Suite, Apt. #, etc.

22 City & State
23 Miami Florida

24 Zip Country
33185 USA

2a. Mailing Address

26 14778 SW 56 Street
Suite, Apt. #, etc.

27 City & State
28 Miami Florida

29 Zip Country
33185 USA

4. FEI Number

59-3010156

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

MARQUEZ, JOSE M.
~~780 NW LEJEUNE RD~~
~~SUITE 400~~
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Jose M. Marquez

82 Street Address (P.O. Box Number is Not Acceptable)

782 NW LeJeune Road

83

Suite 548

84 City

Miami

FL

85 Zip Code

33126

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 the date)

(NOTE: Registered Agent signature required when reinstating)

1/9/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HERRAN, MANUEL A.
STREET ADDRESS 8460 SW 5TH ST
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE S
NAME VALDES, DANIEL R.
STREET ADDRESS 9755 SW 52TH ST
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE DVP
NAME HERRAN, JOSE A.
STREET ADDRESS 8455 GRAND CANAL DR
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE DT
NAME HERRAN, ANTOLIN G.
STREET ADDRESS 6001 SW 84TH AVE
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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:

Jose A. Herran

JOse A. Herran, VP

1/8/97

383-9162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)