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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L73203** (6)

1. Corporation Name

ENHANCEMENT SERVICES FOR LIVING, INC.



Principal Place of Business

**2506 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-6013**

Mailing Address

**2506 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-6013**

3. Date Incorporated or Qualified
05/14/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PECEZ, ALINA JOSA
2506 PONCE DE LEON BLVD
S-735
CORAL GABLES FL 33160**

81

Name

Alina Sosa-Perez

82

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

2506 Ponce De Leon

83

84

City

Coral Gables

FL

85

Zip Code

33134

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 607.0405, Florida Statutes.

SIGNATURE

Alina Sosa-Perez

4/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D PEREZ-GINART, DAVID**
STREET ADDRESS **2506 PONCE DE LEON BLVD.**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **D SOSA-PEREZ, ALINA**
STREET ADDRESS **2506 PONCE DE LEON BLVD.**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
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 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

Alina Sosa-Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96
Date

305-1141-1882
Corporate Phone #

CR2E034 (12/95)