

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73203 (6)  
1. Corporation Name  
ENHANCEMENT SERVICES FOR LIVING, INC.

FILED  
97 SEP 15 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Ensel, Inc. Suite, Apt. #, etc. 22 18090 Collins Ave #547 City & State 23 Sunny Isles, FL Zip 24 33160 Country 25 Dade		2a. Mailing Address 26 Ensel, Inc. Suite, Apt. #, etc. 27 18090 Collins Ave #547 City & State 28 Sunny Isles, FL Zip 29 33160 Country 30 Dade		3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 05/01/1996
				4. FEI Number 65-0201039	Applied For Not Applicable
				5. Certificate of Status Desired No ?	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

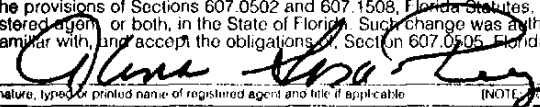
9. Name and Address of Current Registered Agent

ALIMA SOSO-PEREZ  
2506 PONCE DE LEON  
S-735  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Alina Sosa-Perez	82 Street Address (P.O. Box Number is Not Acceptable) 210-174 ST. #2212	83	84 City Sunny Isles, FL	85 Zip Code 33160
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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  DATE 8/22/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-GINART, DAVID	1.2 NAME	
STREET ADDRESS	2506 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	700002296217--2
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	-09/17/97--0118--010
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****165.00 ****165.00
NAME	SOSA-PEREZ, ALINA	2.2 NAME	
STREET ADDRESS	2506 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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 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 a 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 is on Block 13) changed, or on an attachment with an address.

CR2E034 (4/97)

20/2

ENHANCEMENT SERVICES FOR LIVING, INC.

SEPTEMBER 10, 1997

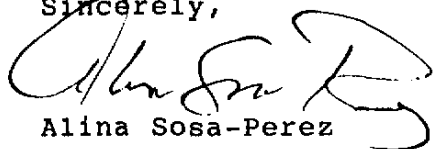
Division of Corporations  
Annual Reports Section  
Tallahassee, FL 3302-1500

To whom it may concern:

This is to inform you that I moved from the Coral Gables office and did not received the notices for the Annual Report until this notice.

I am enclosing the \$165.00 as per the recommendation of your representative.

Sincerely,



Alina Sosa-Perez