

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 % ENSEL, INC. 18090 COLLINS AVENUE #547 SUNNY ISLES FL 33160	Mailing Address % ENSEL, INC. 18090 COLLINS AVENUE #547 SUNNY ISLES FL 33160
---	---

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		2a. Mailing Address 26 Ensel Inc Suite, Apt. #, etc. 28 18090 Collins Ave #547 City & State 29 Sunny Isles, FL Zip 30 33160		3. Date Incorporated or Qualified 05/14/1990	
				4. FEI Number 65-0201039	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 SOSA-PEREZ, ALINA 210-174 STREET, #2212 SUNNY ISLES FL 33160		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	
---	--	--	--

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 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PEREZ-GINART, DAVID	1.1 TITLE	
NAME	2506 PONCE DE LEON BLVD.	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SOSA-PEREZ, ALINA	2.1 TITLE	
NAME	2506 PONCE DE LEON BLVD.	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 addres.

SIGNATURE:  DATE 4/30/98 305-632-4624

CR2E034 (10/97)