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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L78084

(5)

OIEVEN	I DELEON ENTERPRISES	i, INC.							
Principal Place of Business Mailing Address 5590 SW 41ST ST DAVIE FL 33314 DAVIE FL 33314									
						3. Date Incorporated or Qualified 06/04/1990	1	of Last Re /01/199	•
2. Principal Pla	ce of Business	2a. Mailing Address				4, FEI Number			Applied For
21		26				65-0200493			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zιρ	-	intry		8. This corporation has liability for i		x under s	199.032,
24	25 Nome and Address of Curr	29 ant Registered Agent	30			Florida Statutes Yes 10. Name and Address of New R	□ No	i nont	
	9. Name and Address of Curre	ent Registered Agent		81	Name	TU. Name and Address of New M	egistered i	- Haut	
DE: FAL	eteven								
DELEON, 5590 SW				82	Street Addre	ss (P.O. Box Number is Not Acceptab	He)		
DAVIE FL				83					
				84	City		FL	85 Zip	Code
or registere familiar with SIGNATURE _	of agent, or both, in the State of Flo h, and accept the obligations of, Se Signature, typed or printed name of registered age	orida. Such change was author action 607.0505, Florida Statute	ized by the es.	corpo	pration's board	ation submits this statement for the pur d of directors. I hereby accept the app	pose of cha	reçlistered	agent. I am
			NOTE: Hegistere	a Agent		when reinstating:	DATE		
12.	OFFICERS A	ND DIRECTORS	13.	d Agent		ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12. TITLE	D						ICERS AND	DIRECTO Change	RS IN 12 Addition
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certify that I am an officer or director of 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 proporation of the receiver of 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 prighted, or on an attachment with an address.

SIGNATURE:

4-15-96 Date 264-587 2206 Desturie Prione

CR2E034 (12/95)