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

PROFIT CORPORATION ANNUAL REPORT

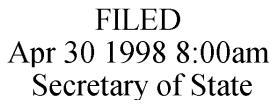


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98



1		# <b>L847</b> 6 Islating and I		(9) Eting servic	CES,				
Principal Place of Business Mailing Address									
% LUCILLE M. GRENET				% LUCILLE M. GRENET					
45-2224 MIAMI FL 33245				45-2224 Miami Fl 33245				DO NOT WRITE IN THIS SPACE	
MIMMI PL 33243				MIRMI FL 33243				3. Date Incorporated or Qualified	
								06/27/1990	
2. Principal Place of Business				2a, Mailing Address				4. FEI Number Applied For	
21				26				<b>65-0204644</b> Not Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
City & State				City P. State				Fee Required	
23			28	Cily & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country Zip Count 25 29 30				30 Co	untry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	ENET, LUC					81	Name	ne .	
9435 FONTAINEBLUE BLVD, APT 107 Miami Fl 33172						82	Street	et Address (P.O. Box Number is Not Acceptable)	
							ļ		
						83			
						84	City FL 85 Zip Code		
11. Pursuant office or r	to the provis	ions of Sections 607.05 gent, or both, in the Sta	02 and 607 te of Florida	7.1508, Florida State. Such change wa	tutes, the a	ipovi	e-named the cor	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
agent. I a SIGNATURE	ım <b>fam</b> iliar w	ith, and accept the obli	gations of,	Section 607.0505,	Florida Sta	lute	S.	, , , , , , , , , ,	
	Signature, typed	or printed name of registered a				d Age	int signature	sture required when reinslating) DATE	
12.	KAY	OFFICERS A	NO DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST GRENET, LUCILLE			·		1.1 TITLE 1.2 NAME		L Change Addition	
STREET ADDRESS							4000F00		
CITY-\$T-ZIP	SALABAT PET					1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		*	
TITLE	5			DELETE	2.1 T		I - XIL	Change Addition	
NAME	GRENET	T, LUCILLE		<del></del>	2.2 N				
STREET ADDRESS		NTAINEBLUE BLVD	•		2.3 S	TREET	ADDRESS	ss I	
CITY-ST-ZIP	MIAMI F	L		2.		2. 4 CITY-ST-ZIP			
TITLE				☐ DELETE	3.1 1	TLE		☐ Change ☐ Addition	
NAME					3.2 N	AME			
STREET ADDRESS					3.3 S	TREET	ADDRESS	s	
CITY+ST-ZIP	<u>-</u>			Deter			ST-ZIP		
TITLE				DELETE	4.1 T			☐ Change ☐ Addition	
NAME OTDEET ADDRESS					4.21		ADDRESS		
STREET ADDRESS CITY-ST-ZIP							ADDRESS	S	
TITLE				DELETE	5,1 Ti	ITY-S TLE	ı · zır	Change Addition	
NAME					5.2 N			_ vieigv _ roution ;	
STREET ADDRESS							ADDRESS	s	
CITY-ST-ZIP					- 1	ity-s			
TITLE				☐ DELET <b>E</b>	6.1 Ti			Change Addition	
NAME					6.2 N	AME			
STREET ADDRESS					6.3 S	TREET	ADDRESS	s	
CITY-ST-ZIP					6.4 C	IY.S	1-ZIP		
14. I hereby c	ertify that the	e information supplied	with this fibr	ng does not qualify	for the exe	emp	lion state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

4. 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 supplied 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 or an attachment with an address.

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1/12/90 306-22/80