FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MEN 1 # LY3UUC Name ENTERPRISES INTERNATIO		(T)				
Principal Place	of Business	Ma	Mailing Address				
7221 NW 46 ST FT LAUDERDALE FL 33319		7221 NW 46 ST FT LAUDERDALE FL 33319					
							3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995
2. Principal Pla	on of Duninger	Los Melas Assissas					4. FEI Number Applied For
2. Philicipal Pla	ice or business	2a. Mating Andress					65-0220110 Not Applicable
Suite, Apt. #	/, etc	Suite, Apt #, etc.					\$8.75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State		28	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Ζ(ρ 24			Zip Cou 29 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Yes No
	g. Name and Address of Current		ered Agent				10. Name and Address of New Registered Agent
				8	1	Name	
MCGONIGAL, THEODORE JAMES				8:	2	Street A	Address (P.O. Box Number is Not Acceptable)
7221 NW 46 ST							
ft laud	DERDALE FL 33319				3		
						City	FL 85 Zip Code
familiar with SIGNATURE	sphalters, typed or proted name of registered age of OFFICERS AND	on 607.0	0505, Florida Statute:	à.			board of directors. I hereby accept the appointment as registered agent. I am Solution to the state of the second
TITLE	PD		DELETE	1.100			Change Adoltion
NAME	MCGONIGAL, THEODORE J.		1		12 NAME		MCC 1 T Taure
STREET ADDRESS				13 STREET		ADDRESS	M. Gowigal, T. James
CITY-ST-ZIP	-ST-ZIP FT LAUDERDALE FL				1.4 CITY - ST - ZIP		33315-401E
TITLE	DELETE		DETELE	2 1 100	-		VPD Change MAddition
NAME			2 2 NAM	₩. 4		YUONNE J. Mª GONIEN! 7221 DW 46th St FT. LOUDER BARE, FC 33318-4018	
STREET ADDRESS	IEET ADDRESS				2.3 STREET ADDRESS		just now All St.
CITY - ST - ZIP			DELETE	2.4 City		Z1P	FT. Lavoladak, FC 33319-4018
TITLE NAME		_		3 1 TITLI 3 2 NAM			El change El Adamon
	STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				3 4 CITY			
TITLE			DELETE	4 1 1111	-		Change Addition
NAME				4.2.5AM			
STREET ADDRESS				4.3.\$146	ET 4	ADDRESS.	
CITY-ST-ZIP				4.4.0.11	- 51	- ZIP	
TITLE	☐ DELETE			5 1 TiTLE		☐ Change ☐ Addition	
NAME				5 2 NAME			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			FIDELER	5.4 C-TY	_	- Z IP	Observ C Address
TITLE			☐ DEFELE	6 1 Till			Change Addition
NAME				6.2 NAM		*DE0500	
STREET ADDRESS						ADDRESS	
CITY - ST - ZIP	<u> </u>			6.4 CITY	- 5	- 7.12	

14. I do hereby certily 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 cath; 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 address.

SIGNATURE: T. JONES MS Hopeist T. JAMES MS GONIGAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-746-8891 Daytinie Phone #