


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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # L94256 (9)</b>	
1. Corporation Name <b>HOUSTON ENTERPRISES, INC.</b>	



Principal Place of Business <b>PO BOX 10135 POMPANO BEACH FL 33061</b>	Mailing Address <b>PO BOX 10135 POMPANO BEACH FL 33061</b>
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2. Principal Place of Business 21 <b>PO BOX 26534</b>		2a. Mailing Address 26 <b>PO BOX 26534</b>		3. Date Incorporated or Qualified <b>08/20/1990</b>	3a. Date of Last Report <b>04/06/1995</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number <b>65-0212444</b>	Applied For Not Applicable
City & State 23 <b>TAMARAC FL</b>		City & State 28 <b>Tamarac FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33320-6534</b>		Zip 29 <b>33320-6534</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOUSTON, SEDRIC M 2952 NW 55 AVENUE #2B LAUDERHILL FL 33313</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				85 Zip Code	

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 \_\_\_\_\_ (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	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSTON, SEDRIC N.</b>		1.2 NAME	<b>Sylvie VEZINA</b>	
STREET ADDRESS	<b>P O BOX 10135 N/A</b>		1.3 STREET ADDRESS	<b>2952 NW 55 Ave #2 B</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>		1.4 CITY - ST - ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VEZINA, SYLVIE</b>		2.2 NAME		
STREET ADDRESS	<b>2952 NW 55 AVE., #2B</b>		2.3 STREET ADDRESS		
CITY - ST - ZIP	<b>LAUDERHILL FL</b>		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		

14. I do hereby certify 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 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 address.

SIGNATURE: Sylvie Vezina President 04-24-96 954 485-3042  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)