

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Feb 27 1998 8:00am Secretary of State

DOCUMENT # M04004 (1) ANNELEEN ENTERPRISES, INC.



Principal Place of Business 7350 S.W. 19 STREET RD. MIAMI FL 33155 Mailing Address 7350 S.W. 19 STREET RD. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1984

2. Principal Place of Business 21-24 Suite, Apt. #, etc. City & State Zip Country 2a. Mailing Address 25-30 Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-2720400 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 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 PIEDRA, MARIA 7350 SW 19 STREET ROAD MIAMI FL 33155

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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's signature required when reinstating) DATE

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PIEDRA, MARIA R.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4 TITLE, NAME, STREET ADDRESS, 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 address.

SIGNATURE [Signature] 2-23-1998

CR2E034 (10/97)